

First Coast Primary Care, Inc.		Provider I		000162500 10/01/2013
3772 West Third Street		Fiscal V	Date: Fiscal Year End:	
Hilliard, FL 32046			t Status:	N/A N/A
Tilliard, FL 32040				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.68	\$75.20	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosp Interim Total Is	tive Prospective pective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Rydell Samuel, Adicaid Cost Reimburser		<u>F</u>



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
The Health Clinic		Provider Number:		000255800
		Eigeal V	Date:	10/01/2013
1351 South Blvd		Fiscal Y	ear End: t Status:	N/A N/A
Chipley, FL 32428		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.68	\$75.20	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
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		dell Samuel, Ad		
	Medica	id Cost Reimburser	nent Analysis	1
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	ional Provide	rs
Acute Care Pediatrics of Palm Coast, PA		Provider 1	Number: Date:	000387200 10/01/2013
397 SW Palm Coast Parkway, #309		Fiscal Y	ear End:	N/A
Palm Coast, FL 32137		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.68	\$75.20	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	W. Ry	dell Samuel, Ac		<u> </u>
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Distribution:				
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wiedledd Reinibal Schient I	1 Diem Rates	Tor Hon Institut	ionai i i o viac.	15
Healthflo Medical Clinic, Inc.		Provider Number:		000997400
Ridge Manor Medical Clinic			Date:	10/01/2013
34498 Cortez Blvd		Fiscal Y	ear End:	N/A
Ridge Manor, FL 33523		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.68	\$75.20	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget X	Prospectiv	ve		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				

Interim

Total Interim

Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

X

Fiscal Agent Contract Management Permanent File Program Development:

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Medicare - Prospective

Average Nursing Home Rate

Payment System Rate



	Provider I Fiscal Y Audi Current Rate \$74.68	Date:	001165800 10/01/2013 N/A N/A Effective Date 10/01/2013
	Audi Current Rate	ear End: t Status:	N/A N/A
	Audi Current Rate	t Status: New Rate	N/A Effective Date
	Current Rate	New Rate	Effective Date
	\$74.68	\$75.20	10/01/2013
te Type :			
Prospective	e		
Prospec	tive Adjusted for N	lew Costs	
	Total Pr Prospec Interim Total Inter Settlemen	Prospective Total Prospective Prospective Adjusted for N	Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Roger C. Roque, MD PA	Provider Number:	001263800
St. Francis Primary Care Clinic	Date:	10/01/2013
720 North Bay Street, Suite 8	Fiscal Year End:	N/A
Eustis, FL 32726	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Premier Medical Pediatric Clinic, Inc.		Provider 1		001496800
		T. 1.77	Date:	10/01/2013
315 E. Ash Street		Fiscal Y		N/A
Perry, FL 32347		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.68	\$75.20	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs		ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
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		dell Samuel, Ac		}_
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Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates Avon Park Pediatrics, PA		Provider	001524200	
Tron rank rediation, Trr		Date:		10/01/2013
1571 US Hwy 27 North		Fiscal Year End: Audit Status:		N/A N/A
Avon Park, FL 33825				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.59	\$75.11	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	ProspeInterimTotal Int	ve Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		<u>F</u>



Medicaid Reimbursement Per Diem R	ates for Non-Institut	ional Provide	<u>rs</u>		
North Florida Pediatrics - Lake City	Provider 1		001532500		
		Date:	10/01/2013		
1859 SW Newland Way		ear End:	N/A		
Lake City, FL 32025	Audi	it Status:	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$78.91	\$79.46	10/01/2013		
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis: Rate Typ	oe:				
Budget X Pros	pective				
	otal Prospective	Prospective			
Desk audited costs Pr	ospective Adjusted for N	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Interim X Payment System Rate Total					
Average Numing Home Date	l Interim				
Setti	ement based on costs				
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	edicaid Cost Reimburser		1 -		
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Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimburs	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
North Florida Pediatrics - Jasper		Provider 1		001534800
			Date:	10/01/2013
1117 US Highway 41 NW, Suite B		Fiscal Y		N/A
Jasper, FL 32052		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.91	\$79.46	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Center	s			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	pective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ac		<u>F</u>
For information Only (No Change in rate	e)			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA	Provider Number:	001589500
Suncoast Primary Care Specialists - Inverness	Date:	10/01/2013
3733 Gulf To Lake Hwy.	Fiscal Year End:	N/A
Inverness, FL 34453	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tri County Primary Care, Inc.	Provider Number:	001768600
Tri County Primary Care - Dixie Co.	Date:	10/01/2013
306 NE Hwy 351	Fiscal Year End:	N/A
Cross City, FL 32628	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Access Health Care - Lake Panasoffkee		Provider 1		002070500
			Date:	10/01/2013
1310 N. County Road 470		Fiscal Y		N/A
Lake Panasoffkee, FL 33538		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.67	\$75.19	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rim nt based on costs		
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Contract Management Permanent File				
Program Development:				
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Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Access Health Care - Beverly Hills		Provider 1		002070600
		E' 137	Date:	10/01/2013
6279 N. Lecanto Hwy		Fiscal Y		N/A
Beverly Hills, FL 34465		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.67	\$75.19	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settleme	nt based on costs		 R
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Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wakulla Urgent Care and Diagnostic Ctr P	LC	Provider .	Number:	002074400
			Date:	10/01/2013
2615 Crawfordville Hwy, Suite 103		Fiscal Y	ear End:	N/A
Crawfordville, FL 32327		Aud	it Status:	N/A
				I
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.67	\$75.19	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers	5			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
		1		
Budget	X Prospecti			
Unaudited costs	X Total Prospective			
Desk audited costs	Prospe	ective Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Settlement based on costs

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)

Average Nursing Home Rate



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Ernest R Gonzalez, MD		Provider 1		002295300
			Date:	10/01/2013
800 Zeagler Drive, Suite 600		Fiscal Y		N/A
Palatka, FL 32177		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.67	\$75.19	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rim at based on costs		
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<u>Distribution:</u>				
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Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Sun n Lake Medical Group - Lake Placid		Provider 1		002335400
			Date:	10/01/2013
511 West Interlake Blvd.		Fiscal Y		N/A
Lake Placid, FL 33852		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.67	\$75.19	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
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For information Only (No Change in rate)				



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Pediatric & Internal Medicine Specialists, PA		Provider 1	Number: Date:	002952100 10/01/2013
PO Box 2066		Fiscal Y		N/A
Lecanto, FL 34461			t Status:	N/A
Lecanto, TL 54401				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.82	\$75.34	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte			
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Distribution:				
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Program Development:				
For information Only (No Change in rate)				



	Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
PRQ, Inc.			Provider l	Number:	002983100
Pediatric Partners o	f Winter Haven			Date:	10/01/2013
550 Pope Ave NW			Fiscal Y		N/A
Winter Haven, FL	33881		Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
X Rural Health	Clinic		\$74.62	\$75.14	10/01/2013
Swing-Bed P	rovider				
Federally Qu	alified Health Centers				
Hospice Prov	ider				
#651 Routi	ne Home Care				
#652 Conti	nuous Home Care				
#655 Inpat	ient Respite Care				
#656 Gene	ral Inpatient Care				
#658 Room	and Board				
Basis:		Rate Type :			
Budget		X Prospectiv	e		
Unaudited	costs	X Total P	rospective		
Desk audit		Prospec	ctive Adjusted for N	lew Costs	
Field audit	ed costs Prospective	Interim			
X Payment S	•	Total Inte	rim		
	arsing Home Rate		t based on costs		
Distribution: Fiscal Agent Contract Manageme Permanent File Program Developme			dell Samuel, Adid Cost Reimburser	lministrator	R
For information	on Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dorothy J. Ray, MD	Provider Number:	002983300	
Pediatric Associates of Lakeland	Date:	10/01/2013	
2140 East Edgewood Drive	Fiscal Year End:	N/A	
Lakeland, FL 33803	Audit Status:	N/A	

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursem	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
West Florida Medical Associates, PA		Provider Number:		003129100
			Date:	10/01/2013
402 W. Highland Blvd.		Fiscal Y		N/A
Inverness, FL 34452		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.82	\$75.34	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
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Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Premier Pediatrics, LLC	Premier Pediatrics, LLC		Number:	003198500
		TO! 1.57	Date:	10/01/2013
7960 SW 60th Ave.		Fiscal Y		N/A
Ocala, FL 34476		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.85	\$75.37	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rım t based on costs		
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		dell Samuel, Ac		
	Medica	id Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
High Springs Pediatrics, LLC		Provider Number:		003432700
			Date:	10/01/2013
210 NW 1st Ave.		Fiscal Y		N/A
High Springs, FL 32643		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.82	\$75.34	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
		dell Samuel, Ac		
	Medica	id Cost Reimburser	nent Analysis	1
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Romulo J. Camogliano, MD PA	Provider Number:		003492200
		Date:	10/01/2013
1400 N US Highway 441, Bldg 900, Suite 902	Fiscal Y		N/A
The Villages, FL 32159	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.82	\$75.34	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type :			
Budget X Prospecti	ve		
	Prospective		
Desk audited costs Prospe	ective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interim			
X Payment System Rate Total Int Average Nursing Home Rate Settleme			
Settleme	ent based on costs		
WP	ydell Samuel, Ac	Iministrator	不
	aid Cost Reimburser		—
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Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimbursement I	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Grace Healthcare Solutions, Inc.		Provider Number:		003557700
			Date:	10/01/2013
7368 State Road 15, US 441		Fiscal Y		N/A
Pahokee, FL 33476		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.84	\$75.36	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ac		<u>F</u>
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA	Provider Number:	003682000
Suncoast Primary Care Specialists - Homasassa	Date:	10/01/2013
7991 S. Suncoast Blvd.	Fiscal Year End:	N/A
Homasassa, FL 34446	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates	Provider Number:	004510300
Nature Coast Family Medical Clinic	Date:	10/01/2013
PO Box 640573	Fiscal Year End:	N/A
Beverly Hills, FL 34453	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Ira Fialko, DO, PA		Provider 1		004567100
		T. 1 **	Date:	10/01/2013
6171 West Gulf to Lake Highway		Fiscal Y		N/A
Crystal River, FL 34429		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.04	\$75.57	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re.		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average rvarsing frome Rate	Settlemer	t based on costs		
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		dell Samuel, Ad		
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For information Only (No Change in rate)				



Medicaid Reimbursement	<u>er Diem Kates</u>			<u> </u>
Horizon Pediatrics LLC 611 Demorest Street SE Live Oak , FL 32064		Provider 1	Number: Date:	004690000 10/01/2013
		Fiscal Year End:		N/A
		Audi	it Status:	N/A
		C D-4-	N D-4-	E66-4: D-4-
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.04	\$75.57	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs	X Prospectiv X Total F	rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim nt based on costs		
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		nid Cost Reimburser		/ _
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For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Afzal, MD	Provider Number:	004770700
Professional Pediatrics	Date:	10/01/2013
1050 US HWY 27N Suite 5	Fiscal Year End:	N/A
Clermont, FL 34714	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Afzal Mohammad MD		Provider I	Number:	004771000
Tavares Pediatrics Inc			Date:	10/01/2013
2523 Dora Ave		Fiscal Y		N/A
Tavares, FL 32778		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.04	\$75.57	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	nt based on costs		
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Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
West Florida Medical Assoc. PA		Provider 1	Number:	005919400
			Date:	10/01/2013
3775 N. Lecanto Hwy		Fiscal Y		N/A
Beverly Hills, FL 34465		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.04	\$75.57	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
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		dell Samuel, Ac		}_
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Floria Medical Associates, PA	Provider Number:	005951500
Deven Medical Center	Date:	10/01/2013
11707 N. Williams Street, Suite 2	Fiscal Year End:	N/A
Dunellon, FL 34432	Audit Status:	N/A

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

Basis:	Rate Type:
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate Average Nursing Home Rate	Total Interim
	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Kids Health Alliance, PA		Provider I	Number: Date:	006247200 10/01/2013
2650 NW 2nd Street, Suite 100		Fiscal Y	ear End:	N/A
Ocala, FL 34475		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.04	\$75.57	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs	Y Prospectiv			
Desk audited costs		rospective ctive Adjusted for N	lew Costs	
Field audited costs		otive riajusted for r	ew costs	
Medicare - Prospective	Interim			
Y Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	nt based on costs		
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		id Cost Reimburser	U	
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<u>Distribution:</u> Fiscal Agent				
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For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Dynamic Health Centers		Provider l	Number: Date:	006309100
2806 W. US Highway 90, Suite 102		Fiscal Y		10/01/2013 N/A
			t Status:	N/A
Lake City, FL 32055				- 1/1-2
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.04	\$75.57	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemer	t based on costs		
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		dell Samuel, Ac		
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulf Coast Healthcare System	Provider Number:	006441200	
Urgent and Convenient Care Center	Date:	10/01/2013	
700 South Main Street	Fiscal Year End:	N/A	
LaBelle, FL 33935	Audit Status:	N/A	

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

Basis:	Rate Type:
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate Average Nursing Home Rate	Total Interim
	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Sonnis Pediatrics PA		Provider 1		006449300
1125 South Sixth Avenue		Fiscal Y	Date: ear End: t Status:	10/01/2013 N/A N/A
Wauchula, FL 33873		7 Yuu	e Status.	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.04	\$75.57	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs		re rospective ctive Adjusted for N	lew Costs	
Medicare - Prospective X Payment System Rate	Interim Total Inte	.rim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad	U	<u>F</u>
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Sunshine Pediatrics of Ocala, PA		Provider Number: Date:		006480000 10/01/2013
1900 SW 20th Place		Fiscal Y	ear End:	N/A
Ocala, FL 34471		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.04	\$75.57	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	Takastas			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad	U	<u>r</u>
	2.22 0.100			
<u>Distribution:</u> Fiscal Agent				
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Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburse	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Louis J. Radnothy, DO		Provider 1		007197500
200 G G 4 1 4 PO B 2225		Fiscal Y	Date:	10/01/2013 N/A
390 S. Central Ave. PO Box 2325			t Status:	N/A N/A
Umatilla, FL 32784		1100	it Status.	14/11
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.99	\$75.51	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers	S			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
		dell Samuel, Ac		<u>F</u>
Distribution:				
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Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Weirsdale Family Health Center Inc.		Provider 1	Number: Date:	007210600 10/01/2013
16400 South Highway 25 PO Box 8		Fiscal Y	ear End:	N/A
Wiersdale, FL 32195		Audi	t Status:	N/A
		Current Rate	New Rate	Effective Date
Provider Type: X Rural Health Clinic		\$74.99	\$75.51	10/01/2013
Swing-Bed Provider		\$74.99	\$/5.51	10/01/2015
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim nt based on costs		
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		dell Samuel, Ac		
	Medica	nd Cost Kennoursei	nem Anarysps	
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Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Access Health Care Physicians LLC		s for Non-Institut		007395100
Access Health Care Physicians LLC		Provider	Provider Number: Date:	
14690 Spring Hill Dr. #101		Fiscal Y		10/01/2013 N/A
Spring Hill, FL 34609			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.99	\$75.51	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :]		
Destant	V Dog on a set	-		
Budget Unaudited costs	X Prospecti	Prospective		
Desk audited costs		ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total In Settleme			



Medicaid Reimbursement Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
A Womans Place, Inc.	Provider 1		007864900
		Date:	10/01/2013
1415 NW 23rd Ave.		ear End:	N/A
Chiefland, FL 32644	land, FL 32644 Audit Status:		N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.99	\$75.51	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type :			
Budget X Prospecti	ve		
	Prospective		
Desk audited costs Prospe	ective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective X Payment System Rate Interim Total Interim			
Assessed Name in a House Date	erim nt based on costs		
Scutchic	in based on costs		- ,
W. R	ydell Samuel, Ad	lministrator	*
	aid Cost Reimburser		1 -
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Contract Management			
Permanent File Program Development:			
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For information Only (No Change in rate)			



Medicaid Reimbursement Per Diem Rate	es for Non-Institut	ional Provide	<u>rs</u>
Williston Rural Health and Wellness Clinic LLC	Provider		008171500
		Date:	10/01/2013
300 NW 1st Ave		ear End:	N/A
Williston, FL 32696	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.99	\$75.51	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type	:		
Budget X Prospect	ive		
Unaudited costs X Total	Prospective		
	ective Adjusted for N	New Costs	
Field audited costs			
Medicare - Prospective Interim X Payment System Rate Total In	4		
Ayanaga Nyuging Hama Data	ent based on costs		
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For information Only (No Change in rate)			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dr. Dale Mitchum	Provider Number:	008611300
Southern Health Clinic	Date:	10/01/2013
2910 Hospital Drive	Fiscal Year End:	N/A
Bonifay, FL 32425	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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For information Only (No Change in rate)



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
OB & GYN OF NE FL, PA		Provider Number:		009115200
D0 D 440		Fiscal Y	Date:	10/01/2013
PO Box 658			t Status:	N/A N/A
Palatka, FL 32177		Audi	i Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.99	\$75.51	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
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	W. Ry	dell Samuel, Ad	lministrator	4
	Medica	id Cost Reimburser	nent Analysis	1 -
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Program Development.				
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Three Rivers Medical, Inc.		Provider Number: Date:		009192900 10/01/2013
208 Suwannee Ave NW		Fiscal Y		N/A
Branford, FL 32008		Audi	t Status:	N/A
		C D-4-	N D-4-	Effective Date
Provider Type: X Rural Health Clinic		Current Rate	New Rate	
		\$74.77	\$75.29	10/01/2013
Swing-Bed Provider Federally Ovelified Health Contare				
Federally Qualified Health Centers Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
noto Room una Douza				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Thermi Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad		<u>F</u>
	Medica	na Cost Kennourser	nent Anaiysps	
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Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Pe	r Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Trenton Medical Center		Provider Number:		029506000
911 S. Main St		Fiscal Y	Date: ear End:	10/01/2013 N/A
Trenton, FL 32693			t Status:	N/A
·				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$80.34	\$80.90	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	lew Costs	77
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		vdell Samuel, Ac		



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Advent Christian Home		Provider 1		029511600
22720 P. J. C. J. P.		Fiscal Y	Date:	10/01/2013 N/A
23730 Park Circle Dr			t Status:	N/A N/A
Dowling Park, FL 32064		71001	e Status.	14/11
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.67	\$74.19	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Dusis.	Rate Type.			
Budget	X Prospectiv			
Unaudited costs		rospective	r. O	
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	nt based on costs		
				R
		dell Samuel, Ad	U	
	Medica	id Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Acorn Rural Health Clinic		Provider 1		060245101
22220 N. d. G. d. D. 1225		Fiscal Y	Date:	10/01/2013
23320 North State Road 235			t Status:	N/A N/A
Brooker, FL 32622		71001	e Status.	14/11
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.68	\$78.22	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	D (T			
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	nt based on costs		
				R
		dell Samuel, Ad	U	<u>1 </u>
	Medica	id Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Instituti	ional Provide	<u>rs</u>
Kid's Care Pediatrics		Provider I		063363101
		E' 137	Date:	10/01/2013
6910 Old Wolf Bay Rd		Fiscal Y	ear End: t Status:	N/A
Palatka, FL 32177		Audi	t Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.91	\$79.46	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File		dell Samuel, Ad id Cost Reimburser	U	<u>R</u>
Program Development:				
For information Only (No Change in rate)				



	nent I et Diem Ka	tes for Non-Institut		<u> </u>
Heartland Pediatrics of L.W.		Provider 1	Number: Date:	251469901 10/01/2013
1356 State Road 60 East		Fiscal Y		N/A
Lake Wales, Fl 33853		Audi	it Status:	N/A
<u> </u>				T
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$70.05	\$70.54	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type	e :		
Budget	X Prospe	ctive		
Unaudited costs	X Tot	al Prospective		
Desk audited costs	Pro	spective Adjusted for N	lew Costs	
Field audited costs	Totavina			
Medicare - Prospective X Payment System Rate	Interim	Interim		
Average Nursing Home Rate		ment based on costs		
	W.	Rydell Samuel, Ad	lministrator	4
	Med	dicaid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



Medicaid Reimbursement Per Diem Rat	es for Non-Institut	ional Provide	<u>rs</u>
Heartland Pediatrics of L.P	Provider 1		253535101
		Date:	10/01/2013
344 East Royal Palm St, Ste 3		ear End:	N/A
Lake Placid, Fl 33852	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$70.04	\$70.53	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type	:		
Budget X Prospec	tive		
	l Prospective		
	pective Adjusted for N	New Costs	
Field audited costs			
Medicare - Prospective Interim X Payment System Rate Total Interim			
	nterim nent based on costs		
Settleti	lent based on costs		
W	Rydell Samuel, Ac	Iministrator	R
	icaid Cost Reimburser		/ _
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<u>Distribution:</u> Fiscal Agent			
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Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimbursement Per D	iem Rates	for Non-Institut	ional Provide	rs_
MJS Trust		Provider 1		259715200
			Date:	10/01/2013
3750 US 27 North		Fiscal Y		N/A
Sebring, FL 33870	Audit Status:		N/A	
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.25	\$75.78	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospect nterim Total Inte	rospective ctive Adjusted for N	Iew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		vdell Samuel, Ac id Cost Reimburser		



Medicaid Reimburser	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Sebring Medical Walk-In Clinic		Provider 1		259716100
0.10.5		Fiscal Y	Date:	10/01/2013
343 South Commerce Ave				N/A N/A
Sebring, FL 33870		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.68	\$72.18	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re.		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average (varsing frome Rate	Settlemen	t based on costs		
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		dell Samuel, Ac		<u> </u>
	Medica	id Cost Reimburser	nent Analysus	•
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates Children's Medical Clinic		Provider 1	370861601	
1002 SW 11th Street Live Oak, FL 32064		Date: Fiscal Year End: Audit Status:		10/01/2013 N/A N/A
Provider Type:		Current Rate New Rate		Effective Date
X Rural Health Clinic		\$69.88	\$70.37	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Prospe Interim Total Int	ve Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		<u>F</u>



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Children's Medical Center		Provider I		370861604
		Fiscal Y	Date:	10/01/2013
789 West Duval Street			t Status:	N/A N/A
Lake City, FL 32055		Auui	it Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.88	\$70.37	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Data Type			
Dasis:	Rate Type:			
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	t based on costs		
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		dell Samuel, Ad	U	<u></u>
	Medica	id Cost Reimburser	nent Analysik	•
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Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Jack M. Matheny RHC		Provider 1	Number:	372143401
205 Zeagler Drive, Suite #101 Palatka, FL 32177		Date: Fiscal Year End: Audit Status:		10/01/2013 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.91	\$79.46	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimburser	U	<u>F</u>



Medicaid Reimbursement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Milla Pediatrics	Provider 1	Number:	375159701
		Date:	10/01/2013
1847 S.W. Barnett Way	Fiscal Y		N/A
Lake City, FL 32025	Audit Status: N/A		N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$78.13	\$78.68	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type :			
Budget X Prospective	ve.		
	rospective		
	ctive Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interim			
X Payment System Rate Total Inte			
Settlemen	nt based on costs		
W. Ry	dell Samuel, Ad	lministrator	K
	id Cost Reimburser		!
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Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimburser	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Sebring Pediatrics		Provider 1		377682401
1550 Lakeview Dr. Sebring, FL 33870		Fiscal Y Audi	Date: ear End: t Status:	10/01/2013 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.78	\$74.30	10/01/2013
Swing-Bed Provider		, 21	,	
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	Medica	vdell Samuel, Ad id Cost Reimburser	lministrator	



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Shoreline Medical Group		Provider 1		377827401	
			Date:	10/01/2013	
419 Baltzell Avenue		Fiscal Y		N/A	
Port St. Joe, FL 32456		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$77.31	\$77.85	10/01/2013	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		rospective			
Desk audited costs					
Field audited costs					
Medicare - Prospective					
X Payment System Rate Average Nursing Home Rate	Total Inte				
	Settlemen	t based on costs			
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		dell Samuel, Ac		}	
	Wiedica	ia Cost Reimoursei	nent Anarysıs		
<u>Distribution:</u>					
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Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Heartland Pediatric Associates		Provider 1		660018200
		Fiscal Y	Date:	10/01/2013
2523 U.S. Highway 27 So Suite #100			ear End: It Status:	N/A
Avon Park, FL 33825		Auu	it Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.24	\$74.76	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re.		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs		-		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
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		dell Samuel, Ac		
	Medica	id Cost Reimburser	nent Analysik	•
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Permanent File Program Development:				
r rogram Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Heartland Pediatric Associates		Provider 1		660018201
		E:1 V	Date:	10/01/2013
120 Heartland Way		Fiscal Y	ear End: t Status:	N/A
Wauchula, FL 33837		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$70.22	\$70.71	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
D. L.	W D			
Budget Unaudited costs	X Prospectiv X Total P	rospective		
Desk audited costs	ctive Adjusted for N	lew Costs		
Field audited costs				
Medicare - Prospective	Interim			
Y Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
	W D.	vdell Samuel, Ad	lministrotor/	R
		id Cost Reimburser	U	}
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Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Jay Medical Center		Provider 1		660022100
		T2' 1.57	Date:	10/01/2013
14088 Alabama St		Fiscal Y		N/A
Jay, FL 32565		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$80.58	\$81.14	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs				
Desk audited costs	ctive Adjusted for N	lew Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	rım ıt based on costs		
				 不
		dell Samuel, Ad id Cost Reimburser		}_
	Medica	ia Cost Reillibursel	nont Amarysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Physicians Partners Network		Provider l		660024700
CO.5.1		Fiscal Y	Date:	10/01/2013 N/A
605 Lamar Ave			t Status:	N/A N/A
Brooksville, FL 34601		Audit Status. IV/A		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.18	\$77.72	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Internit Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		R
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Medical CtrDeland		Provider 1		660026300
		T' 137	Date:	10/01/2013
1190 North Stone Street		Fiscal Y	ear End: It Status:	N/A
Deland, FL 32720		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.99	\$80.55	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemer	t based on costs		
				R
		dell Samuel, Ac		<u> </u>
	Medica	id Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Comm. Medical CtrOrange Cty.		Provider 1		660026302
			Date:	10/01/2013
810 Commed Boulevard Suite C		Fiscal Y		N/A
Orange City, FL 32763		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.06	\$75.59	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	ctive Adjusted for N	lew Costs		
Field audited costs				
Medicare - Prospective Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemen	t based on costs		
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		dell Samuel, Ac		
	Medica	id Cost Reimburser	nent Analysis	-
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
N. Fl. Pediatrics RHC		Provider 1		660027100
		E:1 V	Date:	10/01/2013
4316 Fifth Avenue		Fiscal Y	ear End: It Status:	N/A
Marianna, FL 32446		Auu	it Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.91	\$79.46	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	ctive Adjusted for N	lew Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate		t based on costs		 R
		dell Samuel, Ac		<u> </u>
	Medica	id Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



	chicht I er Diem Re	ites for Non-Institut		<u> </u>
Geoffrey Roberts D.O., P.A.		Provider 1	Number: Date:	660031000 10/01/2013
756 N. Suncoast Boulevard		Fiscal Y	Fiscal Year End:	
Crystal River, FL 34429		Audi	t Status:	N/A
•			N. D.	7.00 II D I
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.21	\$77.75	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Center	'S			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type	e :		
Budget	X Prospe	ective		
Unaudited costs		al Prospective		
Desk audited costs	Pro	spective Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate		Interim		
Average Nursing Home Rate	Settle	ment based on costs		
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		Rydell Samuel, Ac		
	Me	dicaid Cost Reimburser	nent Analysis	V
Distribution:				
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Contract Management Permanent File				
Program Development:				



X Rural Health Clinic \$77.59 \$78.13 10/01/201 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget	Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
PO Box 400 Century, FL 32535 Provider Type: Current Rate X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Field audited costs N/A Audit Status: N/A N/A Prospective Effective Da N/A Audit Status: N/A N/A N/A N/A Prospective N/A N/A N/A N/A Audit Status: N/A	Century Medical Center		Provider 1		
Century, FL 32535 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Field audited costs Prospective Adjusted for New Costs			gan' 1 * 2		
Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Field audited costs	PO Box 400				
X Rural Health Clinic \$77.59 \$78.13 10/01/201 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget	Century, FL 32535		Audi	ı Status:	N/A
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type :	Provider Type:		Current Rate	New Rate	Effective Date
Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis: Rate Type:	X Rural Health Clinic		\$77.59	\$78.13	10/01/2013
Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type:	Swing-Bed Provider				
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type :	Federally Qualified Health Centers				
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis: Rate Type:	Hospice Provider				
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis: Rate Type :	#651 Routine Home Care				
#656 General Inpatient Care #658 Room and Board Basis:	#652 Continuous Home Care				
#658 Room and Board Basis: Rate Type :	#655 Inpatient Respite Care				
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Field audited costs Field audited costs	#656 General Inpatient Care				
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Field audited costs Prospective Adjusted for New Costs	#658 Room and Board				
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Field audited costs Prospective Adjusted for New Costs					
Unaudited costs Desk audited costs Field audited costs Total Prospective Prospective Adjusted for New Costs	Basis:	Rate Type:			
Desk audited costs Field audited costs Prospective Adjusted for New Costs	Budget	X Prospectiv	e		
Field audited costs	Unaudited costs	X Total P	rospective		
		ctive Adjusted for N	lew Costs		
Medicare - Prospective Interim X Payment System Rate Total Interim					
Average Nursing Home Rate Average Nursing Home Rate Settlement based on costs					
		Medica	id Cost Reimburser	nent Analysis	•
Medicaid Cost Reimbursement Analysis	Distribution:				
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Distribution: Fiscal Agent Contract Management					
Distribution: Fiscal Agent Contract Management Permanent File	Program Development.				
Distribution: Fiscal Agent Contract Management	For information Only (No Change in rate)				



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	ional Provide	rs_
Mohammad Yunas, M.D. RHC		Provider 1		660039500
		T' 137	Date:	10/01/2013
404 East Hwy 90		Fiscal Y	ear End: It Status:	N/A
Bonifay, FL 32425		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.91	\$79.46	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average (varsing frome Nate	Settlemen	t based on costs		
				\mathbb{Z}
		dell Samuel, Ac		
	Medica	id Cost Reimburser	nent Analysis	-
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Fiscal Agent				
Contract Management Permanent File				
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For information Only (No Change in rate)				



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>			
PAK Rural Health Clinic		Provider Number:		660041700			
		E' 137	Date:	10/01/2013			
1376 Brickyard Rd		Fiscal Y	ear End: It Status:	N/A			
Chipley, FL 32428		Auu	it Status.	N/A			
Provider Type:		Current Rate	New Rate	Effective Date			
X Rural Health Clinic		\$76.36	\$76.89	10/01/2013			
Swing-Bed Provider							
Federally Qualified Health Centers							
Hospice Provider							
#651 Routine Home Care							
#652 Continuous Home Care							
#655 Inpatient Respite Care							
#656 General Inpatient Care							
#658 Room and Board							
Basis:	Rate Type:						
Budget	X Prospectiv	re.					
Unaudited costs				Prospective			
Desk audited costs	ctive Adjusted for New Costs						
Field audited costs							
Medicare - Prospective X Payment System Rate	Interim Total Inte						
Average Nursing Home Rate	erim nt based on costs						
	Settlemen	it based on costs					
	W. Ry	dell Samuel, Ad	lministrator	K			
		id Cost Reimburser		1 -			
Distribution:							
Fiscal Agent							
Contract Management							
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Program Development:							
For information Only (No Change in rate)							



Medicaid Reimbursement	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>			
Ikram U. Qureshi RHC		Provider Number:		660041701			
		TO! 1 T.	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			
X Rural Health Clinic		\$76.36	\$76.89	10/01/2013			
Swing-Bed Provider							
Federally Qualified Health Centers							
Hospice Provider							
#651 Routine Home Care							
#652 Continuous Home Care							
#655 Inpatient Respite Care							
#656 General Inpatient Care							
#658 Room and Board							
Basis:	Rate Type:						
Budget	X Prospectiv	e					
Unaudited costs	X Total Prospective						
Desk audited costs	Desk audited costs Prospecti			ctive Adjusted for New Costs			
Field audited costs							
Medicare - Prospective X Payment System Rate	Interim						
X Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs						
	Settlemen	tt based on costs					
		dell Samuel, Ac					
	Medica	id Cost Reimburser	nent Analysis	1			
Distribution:							
Fiscal Agent							
Contract Management							
Permanent File Program Development:							
Program Development.							
For information Only (No Change in rate)							



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Richard A. Campbell RHC		Provider 1		660046800
		E' 137	Date:	10/01/2013
105 Tomoka Boulevard South		Fiscal Y		N/A
Lake Placid, FL 33852		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.56	\$79.11	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate		t based on costs	Iministrator	R
		id Cost Reimburser		√
	-			
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Wimauma Family Health Center		Provider 1	Number: Date:	660052200
5121 State Rd 674		Fiscal Y		10/01/2013 N/A
			t Status:	N/A N/A
Wimauma, FL 33598		1 1000		14/21
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.70	\$75.22	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate				
		t based on costs	Iministrator/	R
	Medica	id Cost Reimburser	nent Analysis	1 —
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For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Children's Clinic		Provider I		660053100
		Fiscal Y	Date:	10/01/2013
1100 N. Main St			ear End: t Status:	N/A N/A
Belle Glade, FL 33430		Audi	t Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.91	\$79.46	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		at based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adid Cost Reimburser		R
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	rs_
Marion RHC dba Forest Family Health		Provider 1		660054900
			Date:	10/01/2013
15932 E. 40		Fiscal Y		N/A
Silver Springs, FL 34488		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.81	\$78.35	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
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		dell Samuel, Ac		
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Fiscal Agent Contract Management				
Permanent File				
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For information Only (No Change in rate)				



	ent Per Diem Kat	es for Non-Institut		<u> </u>
Ahmad T. Ismail RHC		Provider I	Number: Date:	660056500 10/01/2013
110 E. Byrd Avenue	110 E. Ryrd Ayonyo		ear End:	10/01/2013 N/A
Bonifay, FL 32425			t Status:	N/A
Bolliay, 1 L 32423				T
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.54	\$70.03	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type			
Budget Unaudited costs	X Prospec X Tota	tive l Prospective		
Desk audited costs		pective Adjusted for N	lew Costs	
Field audited costs		. ,		
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total I	nterim nent based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<u>W.</u>	Rydell Samuel, Action of the Control		<u>F</u>



Medicaid Reimburseme	ent Per Diem Rates	for Non-Instituti	ional Provide	<u>rs</u>
Bushnell Family Practice Ctr.		Provider I		660062000
117 W. Belt Ave Suite A Bushnell, FL 33513		Fiscal Y Audi	Date: ear End: t Status:	10/01/2013 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.44	\$76.98	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		vdell Samuel, Ad id Cost Reimburser	VI	



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	rs
Meena Nathan Medical Center		Provider 1		660065400
		T' 137	Date:	10/01/2013
840 South Bea Avenue		Fiscal Y	ear End: it Status:	N/A
Inverness, Fl 34452		Audi	n Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.99	\$73.50	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re.		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemen	at based on costs		
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		dell Samuel, Ac		
	Medica	id Cost Reimburser	ment Analysis	•
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Contract Management				
Permanent File Program Development:				
Hogram Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Florida Family Rural Hlth. Care		Provider 1		660069700
2200 11 70 11 70 11 100		Fiscal Y	Date:	10/01/2013
2398 N. Beach Drive, Suite 100			ear End: it Status:	N/A
Avon Park, Fl 33825		Audi	n Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.68	\$78.22	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	<i>r</i> e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Tivelage reasons from reac	Settleme	nt based on costs		
	W R	ydell Samuel, Ac	Iministrator	不
		aid Cost Reimburser		
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Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Express Care of Belleview, Inc		Provider 1		660070100
107 c2 G 11G 11' 1		Fiscal Y	Date:	10/01/2013
10762 S US Highway 441			t Status:	N/A N/A
Belleview, Fl 34420		Audi	n Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.95	\$78.50	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs	X Total l	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
	Settleme	nt based on costs		 R
		ydell Samuel, Ac		
	Medic	aid Cost Reimburser	nent Analysis	v.
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Family Medical	Provider Number:	660071900
Nature Coast Family	Date:	10/01/2013
3400 North Lecanto Highway Suite A	Fiscal Year End:	N/A
Beverly Hills, Fl 34464	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rajendra P. Bellam, M.D. RHC	Provider Number:	660072700
Rajendra Bellam MD - DUNNELLON	Date:	10/01/2013
11707 N. Williams Street Suite #3	Fiscal Year End:	N/A
Dunnellon, Fl 34432	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Charles S. Li, M.D., P.A. RHC		Provider 1		660075100
			Date:	10/01/2013
7647 W. Gulf to Lake Highway		Fiscal Y		N/A
Crystal River, Fl 34429		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.55	\$74.06	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Total Inter		rim		
Average Nursing Home Rate	Settlemen	t based on costs		
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		dell Samuel, Ac		
	Medica	id Cost Reimburser	ment Analysiks	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
r rogram Development.				
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Charles S. Li, M.D., P.A. RHC		Provider 1	Number:	660075101
		T' 137	Date:	10/01/2013
10489 N. Florida Ave		Fiscal Y	ear End: t Status:	N/A
Citrus Springs, Fl 34434		Auu	it Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.55	\$74.06	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers	I			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		nt based on costs		
		/dell Samuel, Ac	lministrator	 R
		iid Cost Reimburser		
<u>Distribution:</u>				
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Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

WFMA - Beverly Hills Med. Ctr	Provider Number:	660076000
Alugubelli & Patel, MD, PA	Date:	10/01/2013
3745 N. Lecanto Highway	Fiscal Year End:	N/A
Beverly Hills, FL 34465	Audit Status:	N/A

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

Basis:	Rate Type:
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Palm Glades Rural Health Assoc		Provider 1		660087500
			Date:	10/01/2013
217 W. Avenue "A"		Fiscal Y		N/A
Belle Glade, Fl 33430		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.74	\$77.28	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	.•		
Average Nursing Home Rate	Total Inte	rım ıt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ac		<u>F</u>
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Effective Da
Effective D
N/A
Date: 10/01/2013 scal Year End: N/A
660089100

ent Rate	New Rate	Effective Date
\$75.74	\$76.27	10/01/2013

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

David A. Miller, MD, PA	Provider Number:	660100600
Everglades Family Medicine	Date:	10/01/2013
170 S. Barfield Hwy #102	Fiscal Year End:	N/A
Pahokee, FL 33476	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Lake Pediatrics		Provider 1		660103100
		TO! 1 T.	Date:	10/01/2013
4880 N. Hwy 19A		Fiscal Y		N/A
Mt. Dora, FL 32757		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.11	\$76.64	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	rım t based on costs		
	Settlemen	t based on costs		Z
		dell Samuel, Ad		<u> </u>
	Medica	id Cost Reimburser	nent Analysik	1
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Contract Management				
Permanent File Program Development:				
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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 I Fiscal Y Audi	Date:	660109000 10/01/2013 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.51	\$73.02	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget X	Prospectiv	re		
Unaudited costs		Prospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for New Costs		
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimburser		<u>F</u>
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Rural Medical Associates, Inc.		Provider 1		660111100	
			Date:	10/01/2013	
411 N. Webster St		Fiscal Y		N/A	
Wildwood, FL 34785		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$73.67	\$74.19	10/01/2013	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		rospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
	Settlemen	t based on costs			
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		dell Samuel, Ac		 	
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<u>Distribution:</u> Fiscal Agent					
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Medicaid Reimburseme	ent Per Diem Rates	for Non-Instituti	ional Provide	<u>rs</u>
Birth & Beyond, P.A.		Provider I		660121900
		Fiscal Y	Date:	10/01/2013
1326 SR 100			ear End: t Status:	N/A N/A
Grandin, FL 32138		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.11	\$76.64	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		at based on costs		
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	<u></u>	dell Samuel, Ad		
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Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Family Medical Group(Sebring)		Provider Number:		660129400
		E:1 V	Date:	10/01/2013
3420 US 27 North		Fiscal Y	ear End: t Status:	N/A
Sebring, FL 33870		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.84	\$77.38	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve .		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
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	W. Ry	dell Samuel, Ad	lministrator	
	Medica	id Cost Reimburser	nent Analysis	
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For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Oak Hill Medical		Provider 1		660132400
		Eigen V	Date:	10/01/2013
185A North Rt. 1, PO Box 373		Fiscal Y	ear End: it Status:	N/A N/A
Oak Hill, FL 32759		Auu	n Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Dat
X Rural Health Clinic		\$74.83	\$75.35	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	<i>r</i> e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate Average Nursing Home Rate		nt based on costs	In inicitate of	 R
		ydell Samuel, Ac nid Cost Reimburser		/
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Medicaid Reimbursement Per Diem Rat	es for Non-Institut	ional Provide	<u>rs</u>
North Florida Pediatrics -Sneads	Provider		660135900
		Date:	10/01/2013
7997 Hwy 90		ear End:	N/A
Sneads, FL 32460	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$78.91	\$79.46	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type	:		
Budget X Prospec	tive		
	Prospective		
Desk audited costs Prosp	pective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interim X Payment System Rate Total In			
Ayanga Nunaina Hama Data	ent based on costs		
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For information Only (No Change in rate)			



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Andres R. Villar, M.D.		Provider 1		660140500
		T. 137	Date:	10/01/2013
P.O. Box 606		Fiscal Y		N/A
Glen St. Mary, FL 32040		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.42	\$75.95	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte			
Average (valsing frome Rate		t based on costs		R
		dell Samuel, Acid Cost Reimburser		
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For information Only (No Change in rate)				



Medicaid Reimbursement Per D	iem Rates	for Non-Institut	ional Provide	<u>rs</u>
Williston Pediatrics, PA		Provider 1		660141300
			Date:	10/01/2013
223 N. Main Street		Fiscal Y		N/A
Williston, FL 32696		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$62.42	\$62.86	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: Ra	te Type :			
Budget X	Prospectiv	e		
Unaudited costs X	Total P	rospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	_ Total Inte	rım t based on costs		
	W. Ry	dell Samuel, Ac		 <u>F</u>
	Medica	id Cost Reimburser	nent Analysis	•
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rajendra P. Bellam, MD	Provider Number:	660142100
Raiendra P. Bellam, MD - INGLIS	Date:	10/01/2013
41 N. Inglis Ave, PO Box 69	Fiscal Year End:	N/A
Inglis, FL 34449	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per	Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Doctor's Medical Ctr. of Walton County, PA		Provider 1	Number: Date:	660147200 10/01/2013
21 West Main St		Fiscal Y		N/A
DeFuniak Springs, FL 32435		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.10	\$79.65	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		rospective ctive Adjusted for N	Jew Costs	
Average Nursing Home Rate	W. Ry	rdell Samuel, Ac		<u>F</u>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D.	Provider Number:	660151100
Children's Medical Center - Mt. Vernon	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
X Rural Health Clinic	\$75.42	\$75.95	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D.	Provider Number:	660151100
Children's Medical Center - Mt. Vernon	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
X Rural Health Clinic	\$75.42	\$75.95	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D.	Provider Number:	660160000
Children's Medical Center - Baya	Date:	10/01/2013
P.O. Box 606	Fiscal Year End:	N/A
Glen Saint Mary, FL 32040	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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	Provider I Fiscal Y Audi Current Rate \$74.89	Date:	660161800 10/01/2013 N/A N/A Effective Date 10/01/2013	
	Audi	ear End: it Status:	N/A N/A Effective Date	
	Audi	t Status: New Rate	N/A Effective Date	
	Current Rate	New Rate	Effective Date	
	\$74.89	\$75.41	10/01/2012	
		.	10/01/2015	
Rate Type :				
Prospectiv	ve			
		Prospective		
		lew Costs		
ag Home Data				
	X Total F Prospe Interim Total Inte	Prospective X Total Prospective Prospective Adjusted for N	Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim	



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Putnam Obstetrics & Gynecology, Inc.	Provider Number:	660162600
Putnam Obstetrics & Gynecology	Date:	10/01/2013
700 Zeagler Drive, Suite 10	Fiscal Year End:	N/A
Palatka, FL 32177	Audit Status:	N/A

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

Basis:	Rate Type:
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rate	es for Non-Institut	ional Provide	<u>rs</u>
Philip Colaizzo, MD, PA	Provider 1		660164200
	T) 1 T	Date:	10/01/2013
170 S. Barfield Hwy		ear End:	N/A
Pahokee, FL 33476	Audi	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.05	\$75.58	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type	:]		
Budget X Prospect	tive.		
	Prospective		
	ctive Adjusted for New Costs		
Field audited costs			
Medicare - Prospective Interim X Payment System Rate Total Ir			
	erim nt based on costs		
Settem	ent based on costs		
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	caid Cost Reimburser		/ _
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Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimbursement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Southern Family Healthcare, PA	Provider 1		660167700
		Date:	10/01/2013
P.O. Box 692	Fiscal Y		N/A
Chipley, FL 32428	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.63	\$74.15	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type :			
Budget X Prospectiv	ve		
	Prospective		
Desk audited costs Prospe	ctive Adjusted for New Costs		
Field audited costs			
Medicare - ProspectiveInterim			
X Payment System Rate Total Interpretation Average Nursing Home Rate Settlement			
Settlement Settlement	nt based on costs		
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	id Cost Reimburser		
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Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimburseme	ent Per Diem Rates	for Non-Instituti	ional Provide	<u>rs</u>
Emmanuel Christian HC - Clermont		Provider I	Number:	660169300
885 N. Powers Dr Orlando, FL 32818		Fiscal Y Audi	Date: ear End: t Status:	10/01/2013 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.92	\$75.44	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		vdell Samuel, Ad id Cost Reimburser	U	



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Rural Health Network of Monroe Co., Fl., Inc St. Claires		Provider Number:		660170700
D.O. D		Date: Fiscal Year End:		10/01/2013
P.O. Box 500370			ear End: It Status:	N/A
Marathon, FL 33050		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.90	\$75.42	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
	Interim			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Total Into	nt based on costs		 R
		ydell Samuel, Ac		
	Medica	aid Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Rural Health Network of Monroe Co., Fl., Inc Ruth Ivins	Provider 1		660171500
	T7' 1.57	Date:	10/01/2013
P.O. Box 500370		ear End:	N/A
Marathon, FL 33050	Audi	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.90	\$75.42	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
	_		
Basis: Rate Type :]		
Budget X Prospect	ive		
	Prospective		
Desk audited costs Prosp	ective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interim			
X Payment System Rate Total In Average Nursing Home Rate Settlem			
Settleme	ent based on costs		
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	Aydell Samuel, Accaid Cost Reimburser		}_
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Fiscal Agent Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Center - Alachua	Provider Number:	660174000
Children's Medical Center - Alachua	Date:	10/01/2013
14681 N.W. Hwy 441	Fiscal Year End:	N/A
Alachua, FL 32615	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Williston Family Practice		Provider 1		660176600
		T' 137	Date:	10/01/2013
111 West Noble Ave		Fiscal Y	ear End: t Status:	N/A
Williston, FL 32696		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.90	\$75.42	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re.		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	rim nt based on costs		
		dell Samuel, Ac	Iministrator	 R
		id Cost Reimburser	U	
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<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
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Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Sunrise Primary Care - Summit Ave		Provider 1		660181200
			Date:	10/01/2013
811 N. Summit St		Fiscal Y		N/A
Crescent City, FL 32112		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.78	\$75.30	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim at based on costs		
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Cocoa Beach	Provider Number:	660182100
Pediatrics in Brevard, PA	Date:	10/01/2013
699 W. Cocoa Beach Cswy Suite 401	Fiscal Year End:	N/A
Cocoa Beach, FL 32931	Audit Status:	N/A

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

Basis:	Rate Type:
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Hibiscus	Provider Number:	660183900
Pediatrics in Brevard, PA	Date:	10/01/2013
1755 HIbiscus Blvd	Fiscal Year End:	N/A
Melbourne, FL 32901	Audit Status:	N/A

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

Basis:	Rate Type:
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Woods Dr	Provider Number:	660184700
Pediatrics in Brevard, PA	Date:	10/01/2013
134 S. Woods Dr	Fiscal Year End:	N/A
Rockledge, FL 32955	Audit Status:	N/A

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

Basis:	Rate Type:
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sun 'Lake Medical Group, PA	Provider Number:	660187100
Sun 'N Lake Medical Group	Date:	10/01/2013
4958 Sun ' N Lake Blvd	Fiscal Year End:	N/A
Sebring, FL 33872	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

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Medicaid Cost Reimbursement Analysis

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**	Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
1360 Brickyard Rd. Chipley, FL 32428 Provider Type: Current Rate New Rate Effective Da X Rural Health Clinic \$74.78 \$75.30 10/01/201 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget X Prospective Unaudited costs Field audited costs	Northwest Florida Healthcare		Provider 1		
Chipley, FL 32428 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Field audited costs Field audited costs Prospective Adjusted for New Costs	1260 P. J. L. and P. I		Fiscal V		
Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Field audited costs	•				
X Rural Health Clinic \$74.78 \$75.30 10/01/201 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget	Chipley, FL 32428		1100	it Status.	14/11
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type:	Provider Type:		Current Rate	New Rate	Effective Date
Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type :	X Rural Health Clinic		\$74.78	\$75.30	10/01/2013
Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type:	Swing-Bed Provider				
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type :	Federally Qualified Health Centers				
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis: Rate Type:	Hospice Provider				
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis: Rate Type :	#651 Routine Home Care				
#656 General Inpatient Care #658 Room and Board Basis:	#652 Continuous Home Care				
#658 Room and Board Basis: Rate Type :	#655 Inpatient Respite Care				
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Field audited costs Field audited costs	#656 General Inpatient Care				
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Field audited costs Prospective Adjusted for New Costs	#658 Room and Board				
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Field audited costs Prospective Adjusted for New Costs					
Unaudited costs Desk audited costs Field audited costs Total Prospective Prospective Adjusted for New Costs	Basis:	Rate Type :			
Unaudited costs Desk audited costs Field audited costs Total Prospective Prospective Adjusted for New Costs	Budget	X Prospectiv	re		
Field audited costs					
	Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective Interim					
X Payment System Rate Total Interim					
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs					
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Medicaid Cost Reimbursement Analysis	Distribution:				
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Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File					
Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File	For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Panhandle Family Medicine		Provider 1		660191000
977 2.4 6. 44		Fiscal Y	Date:	10/01/2013 N/A
877 3rd St #4		~	t Status:	N/A N/A
Chipley, FL 32428		- 200		11/11
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.77	\$75.29	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Dulli	Tate Type .			
Budget	X Prospectiv			
Unaudited costs Desk audited costs		rospective ctive Adjusted for N	Jew Costs	
Field audited costs	1 103pcc	tive rajusted for re	iew costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemer	at based on costs		
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		id Cost Reimburser	U	/ _
Distribution:				
Fiscal Agent				
Contract Management				
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Program Development.				
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Health Care Initiative - Citra FH		Provider I		660194400
17805 US Hwy 301 N.		Fiscal Y	Date: ear End:	10/01/2013 N/A
Citra, FL 32113			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.75	\$75.27	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosp Interim Total Is	tive Prospective pective Adjusted for N	ew Costs	\mathcal{F}
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Medicaid Reimburseme	nt Per Diem Rates	for Non-Instituti	ional Provide	<u>rs</u>
Garcia Medical Clinic		Provider 1		660200200
411 E. Nelson Avenue Defuniak Springs, FL 32433		Fiscal Y Audi	Date: ear End: t Status:	10/01/2013 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.77	\$75.29	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	lew Costs	
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Quintessential Health Services	Provider Number:	660201100
Crystal Family Practice	Date:	10/01/2013
6152 W. Corporate Oaks Dr	Fiscal Year End:	N/A
Crystal River, FL 34429	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Chiefland Medical Center		Provider 1		660204500
		Fiscal Y	Date:	10/01/2013
1113 N. W. 23rd Ave			ear End: t Status:	N/A N/A
Chiefland, FL 32626		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.20	\$73.71	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Dasis.	Kate Type.			
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	nt based on costs		
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		dell Samuel, Ad	U	<u></u>
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Distribution:				
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For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Instituti	ional Provide	<u>rs</u>
The Medical Center LLC		Provider I		660205300
		Eigeal V	Date:	10/01/2013
20454 N.E. Finley Ave		Fiscal Y	ear End: t Status:	N/A N/A
Blountstown, FL 32424		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.60	\$75.12	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	D (m			
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
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Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Clark Clinic	Provider 1		660209600
		Date:	10/01/2013
212 S. Florida St		ear End:	N/A
Bushnell, FL 33513	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.56	\$75.08	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type :			
Budget X Prospective	ve		
	Prospective		
Desk audited costs Prospe	ctive Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective X Payment System Rate Interim Total Inte			
Assessed Name in a House Date	erim nt based on costs		
Scurence	in based on costs		
	ydell Samuel, Ac		
Medica	aid Cost Reimburser	ment Analysis	1
Distribution:			
Fiscal Agent			
Contract Management Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimburse	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Mohammad Afzal/Excel Pediatrics & Fam	ily Care	Provider Number: Date:		660212600 10/01/2013
265 Citrus Tower Blvd Suite 102		Fiscal Y		N/A
Clermont, FL 34711		Audi	t Status:	N/A
, 				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.14	\$79.69	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers	S			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		t based on costs		
		dell Samuel, Ad		
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				



Medicaid Reimburseme	ent Per Diem Rates			<u>rs</u>
Dwight Peter Tiu - Acute Care Pediatrics		Provider 1		660218500
1301 Reid St. PO Box 797		Fiscal Y	Date:	10/01/2013 N/A
			it Status:	N/A
Palatka, FL 32178		7100	at Status.	14/71
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.56	\$75.08	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs		ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
Average Nursing Home Rate		nt based on costs		Z
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	Medic	aid Cost Reimburser	nent Analysik	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	rs_
Family Medical Group, P.A.		Provider I	Number: Date:	660219300
105 Tomoka Blvd South		Fiscal Y		10/01/2013 N/A
Lake Placid, FL 33852		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.56	\$75.08	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	nt based on costs		
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		dell Samuel, Ac		
			<i></i>	
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Instituti	ional Provide	<u>rs</u>
DFS Walk-In Clinic		Provider I		660220700
9 W. Orange Ave Suite #1 Defuniak Springs, FL 32435		Fiscal Y Audi	Date: ear End: t Status:	10/01/2013 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.56	\$75.08	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Pro	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimburser	U	<u>F</u>



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
DJRJ2 Inc		Provider 1		660226600
		Fiscal Y	Date:	10/01/2013
484 SW Commerce Drive Suite 105			ear End: t Status:	N/A N/A
Lake City, FL 32025		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.56	\$75.08	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	nt based on costs		
<u>Distribution:</u> Fiscal Agent Contract Management		vdell Samuel, Ac id Cost Reimburser		<u>F</u>
Permanent File Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Express Care of Belleview		Provider 1	Number: Date:	660230400 10/01/2013
2500 Citrus Blvd		Fiscal Y		N/A
Leesburg, FL 34748			t Status:	N/A
Leesburg, TL 34746				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.56	\$75.08	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	ve .		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
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		dell Samuel, Ad		
	Medica	id Cost Reimburser	nent Analys y s	-
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dawn Rene, Inc	Provider Number:	660232100
Vernon Family Health Center	Date:	10/01/2013
3027 Main St	Fiscal Year End:	N/A
Vernon, FL 32462	Audit Status:	N/A

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

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Jackson County Hospital		Provider 1		660233900
		T. 1.1.	Date:	10/01/2013
4318 5th Avenue		Fiscal Y		N/A
Marianna, FL 32446		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.51	\$75.03	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte			
Average (varsing frome Rate		t based on costs	Iministrator	 R
		id Cost Reimburser		
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Fiscal Agent Contract Management				
Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Childrens Medical Center - Starke		Provider 1		660235500
		T. 1.77	Date:	10/01/2013
319 West Call St		Fiscal Y		N/A
Starke, FL 32091		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.62	\$75.14	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rim at based on costs		
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Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



	Current Rate	Date:	660236300 10/01/2013 N/A N/A
	Audi Current Rate	ear End: t Status:	N/A N/A
	Current Rate		
		New Rate	Effective Date
		New Nate	Effective Date
		\$72 FO	10/01/2012
	\$72.08	\$72.58	10/01/2013
Rate Type :			
Y Prospectiv	ie.		
	=	lew Costs	
Interim			
	X Prospectiv X Total F Prospe Interim Total Interior Settlement	X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim