

### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimburseme	nt Per D	iem <u>Rates</u>	for Non-Institut	ional Provide	rs
North Florida Medical Centers, Inc.		Provider Number: 0		000801300	
Baker Family Medical Center			Date: 10/01/20		10/01/2012
1321 Georgia Avenue			Fiscal Y		N/A
Baker, FL 32531			Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic			_		
Swing-Bed Provider				- Alle	
X Federally Qualified Health Centers			\$103.20	\$103.82	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care			4 4		
#658 Room and Board					
Basis:	Rat	e Type :			
Budget	X	Prospectiv	⁄e		
Unaudited costs	X	<del></del>	rospective		
Desk audited costs		Prospec	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	1	nterim			
X Payment System Rate	1	Total Inte	rim		
Average Nursing Home Rate		_	nt based on costs		
				,,,,,,	P.
		W. Ry	dell Samuel, Ad	ministrator	g ×
		Medica	id Cost Reimbursen	nent Analysis	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					



Tallahassee, Florida 32308

Medicaid Reimburse	ment Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>		
Florida Dept of Health d/b/a Osceola Co. Health Dept.		Provider Number: Date:		000 <b>8</b> 35600 10/01/2012		
					105 Doverplum Ave.	
Kissimmee, FL 34758		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$128.44	\$129.21	10/01/2012		
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 I	Prospective				
Desk audited costs	Prospe	ective Adjusted for New Costs				
Field audited costs						
Medicare - Prospective X Payment System Rate	Interim Total Inte	orina				
Average Nursing Home Rate		nt based on costs				
	***************************************	ydell Samuel, Ad	ministrator	RY		
		aid Cost Reimburser				
	142Caro	Con Remioursei				
Distribution:						
Fiscal Agent Contract Management						
Permanent File						
Program Development:						
For information Only (No Change in rate)	1					



### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

Florida Department of Health	Provider Number:	000952900
Citrus County Health Department	Date:	10/01/2012
3700 W. Sovereign Path	Fiscal Year End:	N/A
Lecanto, FL 34461	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.56	\$109.21	10/01/2012
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			The state of the s
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:



### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimburseme	ent Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Comprehensive Community Care Network, Inc.		Provider Number: Date:		001182600 10/01/2012		
2330 S. Congress Ave.		Fiscal Y		N/A		
Palm Springs, FL 33406		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$127.29	\$128.05	10/01/2012		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care			21000222			
#656 General Inpatient Care						
#658 Room and Board						
Basis:	Rate Type :					
Budget	X Prospect	ive				
Unaudited costs	***************************************	Prospective				
Desk audited costs	Prospe	ective Adjusted for N	lew Costs			
Field audited costs  Medicare - Prospective	Interim					
X Payment System Rate	Total In	terim				
Average Nursing Home Rate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ent based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen	ministrator	R.		
For information Only (No Change in rate)						



### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Tampa Family Health Centers, Inc. #20		Provider Number:		001276200
		701 1 T Z	Date:	10/01/2012
4422 E. Columbus Drive		Fiscal Y		N/A
Tampa, FL 33604		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		!		
	<b></b>			
Basis:	Rate Type:			,
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Interior			
Medicare - Prospective X Payment System Rate	Interim Total Int	arim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	***************************************	ydell Samuel, Ad aid Cost Reimbursen		Rr.
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	e <u>rs</u>	
Heart of Florida Health Center, Inc.		Provider Number:		001718300	
1025 GW 1 . A		Date: 10/01/2012 Fiscal Year End: N/A			
1025 SW 1st Ave.			t Status:	N/A N/A	
Ocala, FL 34471		Nucli Status. IV/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$108.55	\$109.20	10/01/2012	
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	Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs		
Field audited costs	~				
Medicare - Prospective X Payment System Rate	Interim	. •			
Average Nursing Home Rate	Total Inte	erim it based on costs			
		dell Samuel, Ad		RY	
		id Cost Reimbursen	<u> </u>		
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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 Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>		
Heart of Florida Health Center		Provider 1		001718302		
	Date: 10/01/2012					
1025 SW 1st Ave.		Fiscal Year End: N/A				
Ocala, FL 34471		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$108.55	\$109.20	10/01/2012		
Hospice Provider	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board						
				<u></u>		
Basis:	Rate Type:					
Budget	X Prospectiv	re				
Unaudited costs	X Total P	ll Prospective				
Desk audited costs	Prospec	espective 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		<b>7</b> . /		
	W. Ry	dell Samuel, Ad	ministrator			
	Medica	id Cost Reimbursen	nent Analysis			
Distribution:						
Fiscal Agent						
Contract Management						
Permanent File Program Development:						
1 logiam Development.						
For information Only (No Change in rate)						



Medicaid Reimbur	sement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Heart of Florida Health Center - Reddick		Provider Number:		001718304
			Date:	10/01/2012
1025 SW 1st Ave.		Fiscal Y		N/A
Ocala, FL 34471		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$108.55	\$109.20	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			Allilla	
#658 Room and Board				
	14 4 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Walk or resident		
Basis:	Rate Type:			
Budget	X Prospectiv	⁄e		
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 Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
	W Rs	dell Samuel, Ad	ministrator	RV
		id Cost Reimbursen		<del></del>
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in ra	te)			



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Heart of Florida Health Center - Belleview		Provider 1	Number: Date:	001718306 10/01/2012
1025 SW 1st Ave.		Fiscal Y	ear End:	N/A
Ocala, FL 34471		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	441	\$108.55	\$109.20	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	***************************************			
#656 General Inpatient Care			***************************************	
#658 Room and Board				
,			<b>A</b>	
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs	***************************************	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	T *			
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		dell Samuel, Ad id Cost Reimbursen		R
Program Development:				
For information Only ( No Change in rate)				



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

Heart of Florida Health Center - Ocala East Marion County Health Department 1025 SW 1st Ave. Ocala, FL 34471			Number: Date: ear End: t Status:	001718308 10/01/2012 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$108.55	\$109.20	10/01/2012
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	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
	Settleme	nt based on costs	The second secon	

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

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Program Development:



Medicaid Reimburs	sement Per Diem Rate:	s for Non-Institut	ional Provide	<u>rs</u>
Community Aids Resource, Inc.		Provider 1	Number:	003407900
Care Resource			Date:	10/01/2012
871 West Oakland Park Blvd.			ear End:	N/A
Fort Lauderdale, FL 33311		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	·s	\$140.11	\$140.95	10/01/2012
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		
Unaudited costs		Prospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	ıterim		
Average Nursing Home Rate	Settleme	nt based on costs		
				RV
	***************************************	ydell Samuel, Ad		
	Medica	uid Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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Collier Health Services - Marion E. Fether  1454 Madison Avenue Immokalee, FL 33934  Provider Type: Rural Health Clinic Swing-Bed Provider  X 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	Provider I Fiscal Y Audi  Current Rate  \$144.12	Date:	029152803 10/01/2012 N/A N/A Effective Date
Immokalee, FL 33934  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care	Audi Current Rate	ear End: t Status:  New Rate	N/A N/A Effective Date
Immokalee, FL 33934  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care	Audi Current Rate	t Status:  New Rate	N/A Effective Date
Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care	Current Rate	New Rate	Effective Date
Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care			
Swing-Bed Provider  X Federally Qualified Health Centers Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care	\$144.12	\$144.98	10/01/2012
X Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care	\$144.12	\$144.98	10/01/2012
Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care	\$144.12	\$144.98	10/01/2012
#651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care			
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care			
#655 Inpatient Respite Care #656 General Inpatient Care			
#656 General Inpatient Care	1		
#658 Room and Board			
#658 Room and Board			
Basis: Rate Type	: :		
Budget X Prospec	ctive		
**************************************	al Prospective		
	spective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interim X Payment System Rate Total	( A		
Assessed Name of Potes	Interim nent based on costs		



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Collier Health Services - East Naples Medical Ctr		Provider l	Number:	029152805
			Date:	10/01/2012
1454 Madison Avenue				N/A
Immokalee, FL 33962		Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care			A	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			- As Vanconson	
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim it based on costs		
	Settlemen	it based on costs		Rv
		dell Samuel, Ad		
	Medica	iid Cost Reimbursen	nent Analysis	
<b>Distribution:</b>				
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>
Collier Health Services - Golden Gate Pediatrics		Provider Number: Date:		029152806 10/01/2012
1454 Madison Avenue		Fiscal Year End:		N/A
Immokalee, FL 34116		Audit Status: N/A		
		· ·	***************************************	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			AM	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Nate	Settlemen	nt based on costs	***************************************	
	w n	1110 1 4 1		R/
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	ient Analysis	_
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only ( No Change in rate)				



Medicaid Reimbi	ursement Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Collier Health Services - Children's Health Network		Provider Number: Date:		029152807 10/01/2012
1454 Madison Avenue		Fiscal Year End: N/A		N/A
Immokalee, FL 34103		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cent	ters	\$144.12	\$144.98	10/01/2012
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 :	<b>1</b>		
Budget	X Prospecti	ve		
Unaudited costs		rospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs	* .			
Medicare - Prospective X Payment System Rate	Interim Total Inte	i		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad aid Cost Reimbursen		R-
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Togian Development.				
For information Only ( No Change in	rate)			



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Collier Health Services - Marco Island Pedia	trics	Provider 1	Number: Date:	029152809 10/01/2012
1454 Madison Avenue		Fiscal Year End: N/A		
Immokalee, FL 34145		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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	ective Adjusted for New Costs		
Field audited costs	T /			
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		t based on costs		
		dell Samuel, Ad	ministrator	R
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursem	ient Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Collier Health Services - Immokalee FCC		Provider 1	Number: Date:	029152810 10/01/2012
1454 Madison Avenue		Fiscal Y		N/A
Immokalee, FL 34142		Audi	t Status:	N/A
inmoratec, FL 34142				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
	W D.	idall Camual Ad	ministrator	R/
		dell Samuel, Ad id Cost Reimbursen		
<u>Distribution:</u>				
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	s for <u>Non-Institut</u>	ional Provide	<u>rs</u>
Trenton Medical Center, Inc.		Provider 1	Number:	029506001
011 0 M : 0				10/01/2012 N/A
911 S. Main St		Audit Status:		N/A N/A
Trenton, FL 32693		Audi	t Status.	IN/ A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$93.35	\$93.91	10/01/2012
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	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Hursing Home Rate	Settleme	nt based on costs		
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		ydell Samuel, Ad aid Cost Reimbursen		
	Wiedica	iid Cost Reillioursen	icii Amarysip	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
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	r <u>s</u>
Trenton Medical Center - Bradford		Provider 1		029506007
		Date: Fiscal Year End:		10/01/2012
911 S. Main St				N/A
Trenton, FL 32693		Audit Status: N/		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$93.35	\$93.91	10/01/2012
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	70		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs	1			
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs	AFF.	
		vdell Samuel, Ad aid Cost Reimbursen		
	Medica	na Cost Remoursen	ioni zmanysip	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Hogiam Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Trenton Medical Center - Pediatrics		Provider 1		029506009
TMC Pediatrics		Date:		10/01/2012
2010 N. Young Blvd.			ear End: t Status:	N/A
Chiefland, FL 32626		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$93.35	\$93.91	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			10_00	
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for New Costs		
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	***************************************	nt based on costs		
D: 4 3 - 4		dell Samuel, Ad	ministrator	
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



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

Trenton Medic	al Center - Healthcare		Provider 1	Number:	029506011 10/01/2012
TMC Healthca	are			Date:	
630 N. Main S	treet		Fiscal Y	ear End:	N/A
Williston, FL 32696		Audit Status:		N/A	
Provider Typ	pe:		Current Rate	New Rate	Effective Date
Rural H	ealth Clinic				
Swing-Bed Provider					
X Federally Qualified Health Centers		\$93.35	\$93.91	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 I	#655 Inpatient Respite Care #656 General Inpatient Care				
#656 (					
#658 I	Room and Board	ard			
Basis:		Rate Type:			
Budg	get	X Prospecti	ve		
Unau	udited costs	X Total Prospective			
Desk	audited costs	Prospe	ective Adjusted for N	lew Costs	
Field	audited costs				
Medi	icare - Prospective	Interim			

**Total Interim** 

Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

#### **Distribution:**

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Payment System Rate

Average Nursing Home Rate



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

Trenton Medical Center - Palms Pediatrics	Provider Number: 029506		
Palms Pediatrics		10/01/2012	
PO Box 640	Fiscal Y	N/A N/A	
Trenton, FL 32693	Audi		
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$93.35	\$93.91	10/01/2012
Hospice Provider			

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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#651 Routine Home Care

#658 Room and Board

#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care



Medicaid Reimbursement Per	Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Trenton Medical Center		Provider l	Number:	029506015
Palms Medical Group			Date:	10/01/2012
PO Box 640		Fiscal Y		N/A
Trenton, FL 32693	Audit Status: N/A			N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$93.35	\$93.91	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	! !			
#655 Inpatient Respite Care				<u> </u>
#656 General Inpatient Care		1-1-100-11-100-11-10-11-11-11-11-11-11-1		
#658 Room and Board		A 1.00		
Basis:	ate Type :			
Budget X	Prospective	e		
Unaudited costs	Total Pr	ospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	R
For information Only (No Change in rate)				



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Medicaid Reimburs	e <u>me</u> nt Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Suncoast Community Health Center - Dover Health Center		Provider Number: Date:		029523001 10/01/2012
14618 State Road 574		Fiscal Y	ear End:	N/A
Dover, FL 33527		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	S	\$139.50	\$140.34	10/01/2012
Hospice Provider	ANNE			
#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	Tutado			
Medicare - Prospective X Payment System Rate	Interim Total Inte	arim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad aid Cost Reimbursen		R
Distribution: Fiscal Agent Contract Management Permanent File				
Program Development:  For information Only ( No Change in rate	e)			



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

Jessie Trice Community Health Center - Flamingo  700 S. Royal Poinciana Blvd, Suite 300  Minusi Springer, El., 22166		Provider Number: Date: Fiscal Year End: Audit Status:		029540000 10/01/2012 N/A N/A
Miami Springs, FL 33166		C 4 D - 4	N	Ecc. 4 D.4
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		-		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.54	\$126.29	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	A 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Basis:	Rate Type:	11117	.,, .	THE PROPERTY OF
Budget	X Prospectiv	/e		
Unaudited costs	X Total 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			
Average running frome reace	Settleme	nt based on costs		
				P/

Medicaid Cost Reimbursement Analysis

#### Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Tallahassee, Florida 32308

Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Jessie Trice Community Health Center - Main		Provider Number: Date:		029541800 10/01/2012
700 S. Royal Poinciana Blvd, Suite 300		Fiscal Y	ear End:	N/A
Miami Springs, FL 33166		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.54	\$126.29	10/01/2012
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	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Total Interim				
Average Nursing Home Rate Settlement based on costs				
	Manage Control of the	vdell Samuel, Ad tid Cost Reimbursen	ministrator	R
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				



### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Miami Springs, FL 33166  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X 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 Prospective   X Total Prospective   Young and the Costs   Total Interim   Total I	029541802 10/01/2012
Miami Springs, FL 33166  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #658 Room and Board   Rate Type:	
Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers  #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  X 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 :	Date
X 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:	
Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board     Basis:	
#651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board     Basis:	2012
#652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board     Rate Type :	
#655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board    Basis:   Rate Type:	
#656 General Inpatient Care  #658 Room and Board    Basis:   Rate Type :	
#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  X Dayment System Rate Total Interim	
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  A payment System Rate Total Interim	
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  A payment System Rate Total Interim	
Unaudited costs  Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate  Total Prospective Prospective Adjusted for New Costs  Interim  Total Interim	
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Total Interim  Total Interim	
Field audited costs  Medicare - Prospective Interim  X Payment System Rate Total Interim	
Medicare - Prospective Interim  X Payment System Rate Total Interim  Average Number of Home Rete	
X Payment System Rate Total Interim	
Avorage Muraing Home Date	
W. Rydell Samuel, Administrator	
Medicaid Cost Reimbursement Analysis	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	



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Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Jessie Trice Community Health Center - Cope North		Provider Number: Date:		029541804 10/01/2012
700 S. Royal Poinciana Blvd Suite 300		Fiscal Year End:		N/A
Miami Springs, FL 33166		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	•			-
X Federally Qualified Health Centers		\$125.54	\$126.29	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		3.00		
Basis:	Rate Type:			
Budget	X Prospectiv	⁄e		
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	Settlemer	nt based on costs		
			,	R/
	W. Ry	dell Samuel, Ad	· ·	9
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				

Permanent File Program Development:



	Medicaid Reimburseme	nt <u>Per Diem Rates</u>	for Non-Institut	ional Provide	<u>rs</u>
Jessi	e Trice Community Health Center - North	hshore	Provider 1	Number: Date:	029541806 10/01/2012
700 \$	S. Royal Poinciana Blvd		Fiscal Y	ear End:	N/A
	ni Springs, FL 33166		Audi	t Status:	N/A
Pro	vider Type:	1.000	Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
X	Federally Qualified Health Centers		\$125.54	\$126.29	10/01/2012
	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	Prospe Interim Total Inte	Prospective ctive Adjusted for N erim nt based on costs		Rv
Fis Co Per	stribution: scal Agent entract Management rmanent File ogram Development:		/dell Samuel, Ad id Cost Reimbursen		



Medicaid Reimburse	ment Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Jessie Trice Community Health Center - N	orland HCC	Provider 1		029541808
700 C P		Fiscal Y	Date:	10/01/2012
700 S. Royal Poinciana Blvd			t Status:	N/A
Miami Springs, FL 33166		Audi	it Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.54	\$126.29	10/01/2012
Hospice Provider	and the second s	11 T T T T T T T T T T T T T T T T T T		
#651 Routine Home Care		17.7		
#652 Continuous Home Care		• C		
#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	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
				Rr.
	-	ydell Samuel, Ad		1
	Medic	aid Cost Reimbursen	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)	)			



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Jessie Trice Community Health Center - C	harles Drew Elem	Provider 3	Number: Date:	029541810 10/01/2012
700 S. Royal Poinciana Blvd		Fiscal Y	ear End:	N/A
Miami Springs, FL 33166		Audi	it Status:	N/A
				1
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.54	\$126.29	10/01/2012
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 :	44 * 11112		
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 Average Nursing Home Rate	Total Inte			
	Settlemer	it based on costs		
	11.7 To	1110 1 1	T	R
	<del></del>	dell Samuel, Ad		
	Iviedica	id Cost Reimburser	nent Anaiysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
riogiani Development.				
For information Only ( No Change in rate)	)			



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Jessie Trice Community Health Center - Lilli	e C Evans	Provider 1	Number: Date:	029541812 10/01/2012
700 S. Royal Poinciana Blvd		Fiscal Y	ear End:	N/A
Miami Springs, FL 33166		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.54	\$126.29	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	a - 1777/2 177 7000 A			
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	•			
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	nt based on costs		
		/dell Samuel, Ad		R
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



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

Jessie Trice Community Health Center - James Scott Satellite 700 S. Royal Poinciana Blvd, Suite 300 Miami Springs, FL 33166		Provider Number: Date: Fiscal Year End: Audit Status:		029542600 10/01/2012 N/A N/A
Provider Type:		<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.54	\$126.29	10/01/2012
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 Prospective			
		ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Total Interim			
A source Manager II and Date		ent based on costs		
		ydell Samuel, Ad aid Cost Reimburser		Rr.

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimburse	<u>ment Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Rural Health Care - Main		Provider Number: Date:		029543400 10/01/2012
P.O. Box 817		Fiscal Year End:		N/A
Palatka, FL 32178	Audit Status:		N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.18	\$119.90	10/01/2012
Hospice Provider				
#651 Routine Home Care			••••	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care #658 Room and Board				
#050 Room and Board		1		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medica	dell Samuel, Ad id Cost Reimbursen	ministrator	



Medicaid Reimbursement Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Rural Health Care - Palatka Family Medical Center	Provider Number: Date:		029543401 10/01/2012	
P.O. Box 817	Fiscal Y		N/A	
Palatka, Fl 32178	Audit Status: N/A			
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$119.18	\$119.90	10/01/2012	
Hospice Provider		***************************************		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	, , , , , , , , , , , , , , , , , , , ,		1848 AV	
Basis: Rate Type:				
Budget X Prospecti	ve			
	Prospective			
	ctive Adjusted for New Costs			
Field audited costs				
Medicare - Prospective Interim X Payment System Rate Total Interim	. •			
Avanca Nuncina Hama Data	nt based on costs			
Distribution: Fiscal Agent	ydell Samuel, Ad aid Cost Reimbursen	ministrator	R	
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>	
Rural Health Care - Interlachen Family Med. Center		Provider Number: Date:		029543402 10/01/2012	
					P.O. Box 817
Palatka, Fl 32178		Audit Status:		N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		-01110011100111001110011100111			
Swing-Bed Provider					
X Federally Qualified Health Centers		\$119.18	\$119.90	10/01/2012	
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	Prospec	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nivering Home Date		erim nt based on costs			
		dell Samuel, Ad	ministrator	R	
	Medica	id Cost Reimbursen	nent Analysis	<b>.</b>	
Distribution:					
Fiscal Agent					
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>
Rural Health Care - Crescent City Family M	led. Center	Provider ]	Number: Date:	029543403 10/01/2012
P.O. Box 817 P.O. Box 146		Fiscal Y	ear End:	N/A
Palatka, Fl 32178		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.18	\$119.90	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		1		
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 Total Inte			
Average Nursing Home Rate		it based on costs		
Distribution		dell Samuel, Ad		RV
<u>Distribution:</u> Fiscal Agent				
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>
Rural Health Care - Keystone Family Med. Center		Provider 1	029543405		
			T" 1.57	Date:	10/01/2012
P.O. Box 817				ear End:	N/A
Palatka, Fl 32178			Aud	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			\$119.18	\$119.90	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board			The state of the s		
Basis:	Rate Ty	ype :			
Budget	X Pro	spectiv	e		
Unaudited costs		•	ospective		
Desk audited costs		Prospec	tive Adjusted for N	lew Costs	
Field audited costs					
Medicare - Prospective X Payment System Rate	Interin				
Average Nursing Home Rate		tal Inte			
	Sei	uiemen	t based on costs		
	,	W. Ry	dell Samuel, Ad	ministrator	K
	_		id Cost Reimburser		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Tallahassee, Florida 32308

Medicaid Reimburseme	nt Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Rural Health Care - Hawthorne Family Med. C	Center	Provider 1		029543406
		1 we	Date:	10/01/2012
P.O. Box 817		Fiscal Y		N/A
Palatka, Fl 32178		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.18	\$119.90	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			ngproon <u>u</u>	
#658 Room and Board				
	- 7. ( )		with the second	
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Int	erim nt based on costs		
	- Downorme	nt oused on costs		<del></del>
	W. R	ydell Samuel, Ad	ministrator	F.
	Medic	aid Cost Reimbursen	nent Analysis	
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



### Florida Agency for Health Care Administration

### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Rural Health Care - Palatka Family Medica	l Center	Provider 1	Number: Date:	029543407 10/01/2012
P.O. Box 817		Fiscal Y		N/A
Palatka, FL 32178		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	***************************************			
X Federally Qualified Health Centers		\$119.18	\$119.90	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
				- A Acous
Basis:	Rate Type :			, #4 th s
Budget	X Prospectiv	ve		
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			
	Settlemen	nt based on costs		
		dell Samuel, Ad		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)	)			



### Florida Agency for Health Care Administration

### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Rural Health Care - Family Medical & Dental Centers		Provider Number: Date:		029543409 10/01/2012
P.O. Box 817		Fiscal Y	ear End:	N/A
Palatka, FL 32178		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cent	ers	\$119.18	\$119.90	10/01/2012
Hospice Provider		1		
#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 F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim it based on costs		
	<u> </u>	ydell Samuel, Ad	ministrator	RV.
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only (No Change in	rate)			



Medicaid Reimbursement Per Dien	Rates for Non-J	<u>Institut</u>	ional Provide	<u>rs</u>
Rural Health Care - Family Med & Dental Ctr - Elm Stre	et Pro	ovider l	Number:	029543411
	T-1	. 1 7 7	Date:	10/01/2012
P.O. Box 817	Fi		ear End: t Status:	N/A
Palatka, FL 32177		Audi	it Status:	N/A
Provider Type:	Current	Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$11	19.18	\$119.90	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: Rate T	ype:			
Budget X Pr	ospective			
Unaudited costs X	Total Prospective			
Desk audited costs	Prospective Adjust	ted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate  Inter				
Avance Numering Home Date	otal Interim ettlement based on	oosts		
<u> </u>	W. Rydell Sami		ministrator	RV
	Medicaid Cost Rei			<del></del>
District and an a				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



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

Rural Health Care, Inc.		Provider 1	Number:	029543413
Eastside Family Dental Center			Date:	10/01/2012
PO Drawer 817		Fiscal Y	ear End:	N/A
Palatka, FL 32178		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
		Current Kate	New Kate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.18	\$119.90	10/01/2012
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	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
			,,,,,,	R
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimburser	nent Analysis	i

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

Rural Health Care Corp	Provider Number:	029543414
Family Medical & Dental Centers	Date:	10/01/2012
PO Box 817	Fiscal Year End:	N/A
Palatka, FL 32178	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.18	\$119.90	10/01/2012
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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### Florida Agency for Health Care Administration

### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

Rural Health Care Inc	Provider Number:	029543416
Family Medical & Dental - Clay Co.	Date:	10/01/2012
PO Box 817	Fiscal Year End:	N/A
Palatka, FL 32178	Audit Status:	N/A
	Annual Statement	

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.18	\$119.90	10/01/2012
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 Reimburs	ement Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Miami Beach Co	ommunity Health Center -	Stanley C. Myers	Provider Number:		029544200
710 Ali D 1			Figaal V	Date: ear End:	10/01/2012
710 Alton Road				it Status:	N/A N/A
Miami, FL 33	139		Audi	it Status.	IN/A
Provider Type	:		Current Rate	New Rate	Effective Date
Rural Hea	alth Clinic				
Swing-Bee	d Provider				
X Federally	Qualified Health Center	'S	\$123.74	\$124.48	10/01/2012
Hospice P	rovider				
#651 Re	outine Home Care			,	
#652 Co	ontinuous Home Care				
#655 In	patient Respite Care				
#656 Ge	eneral Inpatient Care				
#658 Ro	oom and Board				
Basis:		Rate Type :			
Budge	t	X Prospecti	ve		
Unaud	ited costs	X Total 1	Prospective		
Desk a	udited costs	Prospe	ective Adjusted for N	lew Costs	
	udited costs				
	are - Prospective	Interim			
	nt System Rate e Nursing Home Rate	Total Int			
		Settleme	nt based on costs		
		W. R	ydell Samuel, Ad	ministrator	K.
			aid Cost Reimburser		<del>/</del>
Distribution:					
Fiscal Agent					
Contract Manag	ement				
Permanent File					
Program Develo	opment:				
For inform	nation Only ( No Change in rat	e)			



	Medicaid Reimbursemen	nt Per Diem R	ates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Miami Beach Community Health Center - Beverly Press		Provider Number: Date:		029544201 10/01/2012		
710 Alton Road				Fiscal Y		N/A
Miami, FL 33	139			Audi	t Status:	N/A
Provider Type	2:			Current Rate	New Rate	Effective Date
Rural He	alth Clinic					
Swing-Be	d Provider					
X Federally	Qualified Health Centers			\$123.74	\$124.48	10/01/2012
Hospice P	rovider					
#651 R	outine Home Care					
#652 C	ontinuous Home Care					
#655 In	patient Respite Care					
#656 G	eneral Inpatient Care					
#658 Re	oom and Board					
				1400		
Basis:		Rate Typ	e:			
Budge	et .	X Prosp	ectiv	⁄e		
Unaud	lited costs	X To	otal P	rospective		
	audited costs	Pr	ospe	ctive Adjusted for N	lew Costs	
	audited costs					
	are - Prospective ent System Rate	Interim	1 T4.			
	e Nursing Home Rate	Tota		erim it based on costs		
Distribution: Fiscal Agent Contract Manas Permanent File Program Develo	gement			/dell Samuel, Ad aid Cost Reimbursen	ministrator	R
For infor	mation Only ( No Change in rate)					



### Florida Agency for Health Care Administration

### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Miami Beach Community Health Center - Dr. Sol Lichter		Provider Number: Date:		029544205 10/01/2012
710 Alton Road		Fiscal Y		N/A
Miami, FL 33139		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	***************************************	\$123.74	\$124.48	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			100000000000000000000000000000000000000	
#655 Inpatient Respite Care			100000000000000000000000000000000000000	
#656 General Inpatient Care				
#658 Room and Board			!	
Basis:	Rate Type :	J. M		400 A.B.
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective  X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Int	erim nt based on costs		
		A 10 1000	- L	
		ydell Samuel, Ad aid Cost Reimbursen		
	Medic	aid Cost Reinioursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
1100 cm Sectorophicolor				
For information Only ( No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Miami Beach Community Health Center - Nanay Health Center		Provider Number: Date:		029544207 10/01/2012	
710 Alton Road		Fiscal Y		N/A	
Miami, FL 33139		Audi	t Status:	N/A	
Provider Type:	ender Arthur and Arthur Arthur and Arthur an	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$123.74	\$124.48	10/01/2012	
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:		777		
Budget	X Prospectiv	e			
Unaudited costs	X Total P	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	rım ıt based on costs			
Distribution:		dell Samuel, Ad id Cost Reimbursen	ministrator	R	
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
0-m					
For information Only (No Change in rate)					



Medicaid Reimburse	ement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Miami Beach Community Health Center -	Provider Number: Date:		029544209 10/01/2012	
710 Alton Road		Fiscal Y		N/A
Miami, FL 33139		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$123.74	\$124.48	10/01/2012
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 :	TO A ACCUSATE CONTRACTOR CONTRACT	110	
Budget	X Prospectiv			
Unaudited costs  Desk audited costs	<del></del>	ospective tive Adjusted for N	lew Costs	
Field audited costs	A .	,		
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rim t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	R
For information Only (No Change in rate	)			



Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Miami Beach Community Health Center	- 2nd Ave	Provider l	Number: Date:	029544211 10/01/2012
710 Alton Road		Fiscal Y	ear End:	N/A
Miami, FL 33139		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	ers	\$123.74	\$124.48	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			= 1 M = 1/Managhia tanggaranggaranggaranggaranggaranggaranggaranggaranggaranggaranggaranggaranggaranggaranggar	
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	spective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	. •		
Average Nursing Home Rate	Total Into	erim it based on costs		
<u><b>Distribution:</b></u> Fiscal Agent	***************************************	/dell Samuel, Ad aid Cost Reimbursen		R
Contract Management				
Permanent File	•			
Program Development:				
For information Only ( No Change in ra	ate)			



Medicaid Reimburseme	ent Per Di	em Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health Centers, Inc.			Provider 1	Number:	029545100
				Date:	10/01/2012
P.O. Box 1249			Fiscal Y		N/A
Apopka, FL 32704			Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			\$136.85	\$137.67	10/01/2012
Hospice Provider			***************************************		
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board	NAME OF TAXABLE PARTY.		Annual composition of	THE THE PARTY OF T	
		-1.			
Basis:	Rate	Type:			
Budget	X	Prospectiv	re		
Unaudited costs	X	Total P	rospective		
Desk audited costs Prospe			tive Adjusted for N	lew Costs	
Field audited costs					
Medicare - Prospective X Payment System Rate	In	iterim			
Average Nursing Home Rate		_ Total Inte	rım ıt based on costs		
•			dell Samuel, Ad		R
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



**Swing-Bed Provider** 

**Hospice Provider** 

X Federally Qualified Health Centers

#651 Routine Home Care

Medicare - Prospective

Average Nursing Home Rate

Payment System Rate

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

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

Rural Health Clinic			
Provider Type:	Current Rate	New Rate	Effective Dat
Apopka, FL 32704	Aud	Date: Fiscal Year End: Audit Status:	
P.O. Box 2329			
WG Childrens Health			
Community Health Centers, Inc Winter Garden Child Hlth	Provider Number:		029545108

#652 Continuous Home Car	e
#655 Inpatient Respite Care	
#656 General Inpatient Car	е
#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	

Interim

**Total Interim** 

Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

\$136.85

\$137.67

10/01/2012

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in r
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#### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Southlake Fmly Hlth	Provider Number:	029545110
Southlake Family Health	Date:	10/01/2012
P.O. Box 2329	Fiscal Year End:	N/A
Apopka, FL 32704	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$136.85	\$137.67	10/01/2012
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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Fiscal Agent Contract Management Permanent File Program Development:



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

Community Health Centers - Winter Garden Fmly Hlth	Provider Number:	029545111
WG Family Health Center	Date:	10/01/2012
P.O. Box 2329	Fiscal Year End:	N/A
Apopka, FL 32704	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			The state of the s
X Federally Qualified Health Centers	\$136.85	\$137.67	10/01/2012
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:



<u>Medicaid Reimbursem</u>	ent Per Diem Rates	<u>for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>	
Community Health Centers - Leesburg	Community Health Centers - Leesburg		Number:	029545112	
Leesburg Community			Date:	10/01/2012	
P.O. Box 2329		Fiscal Y		N/A	
Apopka, FL 32704		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$136.85	\$137.67	10/01/2012	
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	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate					
Average Nursing Home Rate	Settlement based on costs				
			1	RV	
	W. Rydell Samuel, Administrator				
	Medica	id Cost Reimbursen	nent Analysis	1	
Distribution:					

Fiscal Agent Contract Management Permanent File Program Development:



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

Community Health Centers - Apopka Fmly	Hlth	Provider Number:		029545113
Apopka Family Health			Date:	10/01/2012
P.O. Box 2329		Fiscal Y	ear End:	N/A
Apopka, FL 32704		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		and the state of t		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$136.85	\$137.67	10/01/2012
Hospice Provider		1 170		
#651 Routine Home Care		S To the state of		
#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		Prospective		
Desk audited costs Prospe		ctive Adjusted for N	lew Costs	
Field audited costs	***************************************			
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt hased on costs		

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Community Health Centers, Inc Apopka	Childrens Hlth	Provider Number: Date:		029545114 10/01/2012	
P.O. Box 2329		Fiscal Y	ear End:	N/A	
Apopka, FL 32704		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		Current Nate	New Itale	Effective Date	
Swing-Bed Provider					
X Federally Qualified Health Centers		\$136.85	\$137.67	10/01/2012	
		\$130.05	313/.0/	10/01/2012	
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		Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim	_			
Average Nursing Home Rate	Total Inte				
	Settlemen	nt based on costs			
	*** **		- h	R/	
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
	Medica	iid Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
1106tatii Developiiieitt.					
For information Only (No Change in rate)					



ement Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
lls	Provider Number:		029545115 10/01/2012
	Fiscal Y	ear End:	N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
S	\$136.85	\$137.67	10/01/2012
MIN. 174 - 1844			
		n John V graphanir zajang A gyalay i di sulum y	
Rate Type:			
X Prospecti	ve		
X Total I	Prospective		
Prospe	ective Adjusted for N	lew Costs	
****			
***************************************	·		R
	Rate Type:  X Prospecti X Total I Prospecti Total Interim Total Interim Settleme W. R	Rate Type:  X Prospective X Total Prospective Adjusted for No.  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad	Date: Fiscal Year End: Audit Status:  Current Rate New Rate  \$ \$136.85 \$137.67   Rate Type:  X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim



Medicaid Reimbursen	ent Per D	iem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Community Health Centers - Zellwood		Provider Number: Date:		029545117 10/01/2012		
P.O. Box 2329			Fiscal Y	ear End:	N/A	
Apopka, FL 32704			Audi	t Status:	N/A	
Provider Type:			Current Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers			\$136.85	\$137.67	10/01/2012	
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board						
Basis:	Rat	te Type :	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Budget	X	Prospectiv	/e			
Unaudited costs	X		Prospective			
Desk audited costs		Prospe	pective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	т	nterim				
X Payment System Rate	1	Total Inte	rim			
Average Nursing Home Rate			nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File		***************************************	vdell Samuel, Ad aid Cost Reimbursen		R	
Program Development:						
For information Only ( No Change in rate)						



Medicaid Reimbursement Pe	er Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health Centers - Lake Ellenor		Provider Number: Date:		029545119 10/01/2012
P.O. Box 2329		Fiscal Y	ear End:	N/A
Apopka, FL 32704		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			,	
X Federally Qualified Health Centers		\$136.85	\$137.67	10/01/2012
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	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		it based on costs		
		dell Samuel, Ad	ministrator	Ru
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>	
Community Health Centers, Inc.		Provider 1	Number:	029545121	
Apopka Dental			Date:	10/01/2012	
PO Box 2329		Fiscal Y		N/A	
Apopka, FL 32704		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			····		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$136.85	\$137.67	10/01/2012	
Hospice Provider			Managamagamagamagamagamagamagamagamagamag		
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care		5			
#656 General Inpatient Care			×		
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospect	ive			
Unaudited costs		Prospective			
Desk audited costs	Prosp	ective Adjusted for N	lew Costs		
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim Total In				
Average Nursing Home Rate	***************************************	ent based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		R	
For information Only (No Change in rate)					



<u>Medicaid Reimburseme</u>	<u>nt Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Community Health Centers		Provider 1	029545123			
Bithlo Family Health Center			Date:	10/01/2012		
PO Box 2329		Fiscal Y		N/A		
Apopka, FL 32704		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$136.85	\$137.67	10/01/2012		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board	COMMISSION CONTRACTOR AND CONTRACTOR CONTRAC					
Basis:	Rate Type:					
Budget	X Prospectiv	ve				
Unaudited costs	X Total P	rospective				
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs			
Field audited costs	T 4					
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim				
Average Nursing Home Rate		nt based on costs				
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis						
Distribution:						
Fiscal Agent Contract Management						
Permanent File						
Program Development:						
For information Only (No Change in rate)						



Permanent File

Program Development:

For information Only (No Change in rate)

Medicaid Reimbursei	<u>nent Per Diem Rates</u>	s for Non-Institut	<u>ional Provide</u>	rs	
Community Health Centers Inc		Provider Number:		029545125	
Meadow Woods Childrens Health Center		Date:		10/01/2012	
110 South Woodland Street		Fiscal Y		N/A	
Winter Garden, FL 34787		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$136.85	\$137.67	10/01/2012	
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 Prospective				
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs	Intonim				
Medicare - Prospective Interim X Payment System Rate Total Int		erim			
Average Nursing Home Rate	Settlement based on costs				
				7./	
	W. Ry	ydell Samuel, Ad	ministrator	<b>F</b>	
Medicaid Cost Reimbursement Analysis					
Distribution:					
Fiscal Agent					
Contract Management					



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Thomas E. Langley Medical Center		Provider 1	029547700 10/01/2012		
1425 S. U.S. Hwy 301			ear End:	N/A	
Sumterville, FL 33585		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$125.69	\$126.44	10/01/2012	
Hospice Provider			======================================		
#651 Routine Home Care					
#652 Continuous Home Care	· 				
#655 Inpatient Respite Care					
#656 General Inpatient Care			оентаоентаоента <del></del>		
#658 Room and Board				V. 4	
Basis:	Rate Type :				
Budget	X Prospectiv	⁄e			
Unaudited costs		rospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate		nt based on costs			
		/dell Samuel, Ad	ministrator		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)	)				



Medicaid Reimbursem	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Family Medical Center at the Shores		Provider 1		029547702
			Date:	10/01/2012
1425 S. U.S. Hwy 301		Fiscal Y		N/A
Sumterville, FL 33585		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.69	\$126.44	10/01/2012
Hospice Provider		T T T T T T T T T T T T T T T T T T T		
#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 F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settleme	nt based on costs		
	W D	dell Samuel, Ad	ministrator	<b>R</b>
	***************************************	id Cost Reimbursen	<del></del>	
	11100101	ila Cost Itolilloaisell	10111 1 11141 y 545	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
- 1-0.m. 2010-00p				
For information Only ( No Change in rate)				



### Florida Agency for Health Care Administration

### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

<u>Medicaid Reimbursement Per</u>	Diem Rates for	r Non-Instituti	<u>ional Provide</u>	<u>rs</u>
Tampa Community Health Center - Peter D		Provider N	029548500	
		Eigent W	Date:	10/01/2012
PO Box 82969		Fiscal Ye	ear End: t Status:	N/A N/A
Tampa, FL 33682		7 1441	t Status.	IV/A
Provider Type:	Cı	urrent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012
Hospice Provider				
#651 Routine Home Care		-		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: R	ate Type :			
Dudant	D			
Budget X Unaudited costs	Prospective Total Prosp	pective		
Desk audited costs		e Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Interim			
Average Nursing Home Rate	Settlement ba			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ll Samuel, Ad Cost Reimbursem	ministrator	R
For information Only ( No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	e <u>rs</u>
Tampa Community Health Center - Salvation	n Army	Provider Number:		029548502
		T. 1 T.	Date:	10/01/2012
PO Box 82969		Fiscal Y		N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012
Hospice Provider	<u>-</u>			
#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 F	rospective		
Desk audited costs	Prospective Adjusted for New Costs			
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<del>-</del>	ydell Samuel, Ad aid Cost Reimbursen		R
For information Only (No Change in rate)		•		



Medicaid Reimbursement	Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Tampa Community Health Center - Sine Domus	5	Provider Number:		029548503
			Date:	10/01/2012
PO Box 82969		Fiscal Y		N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012
Hospice Provider	WWW.III.GODII.GO	,		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	1		With all the second	
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Into	nterim nent based on costs		
	Settlemen	nt based on costs		
	W. Ry	ydell Samuel, Ad	ministrator	
		aid Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Hogiam Development.				
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Tampa Community Health Center - Lee Da	vis	Provider Number: Date:		029548504 10/01/2012	
PO Box 82969			ear End:	N/A	
Tampa, FL 33682		Audi	n Status.	N/A	
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>	
Rural Health Clinic			_		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012	
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	Prospec	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate	Settlemer	t based on costs	R-4004		
		dell Samuel, Adid Cost Reimburser	lministrator	Rr.	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbur	sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Tampa Community Health Center - 131st	Ave	Provider Number: Date: Fiscal Year End:		029548505 10/01/2012	
PO Box 82969 Tampa, FL 33682			t Status:	N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Center	rs	\$119.13	\$119.84	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care		, 1 1 1			
#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	Prospe	ctive Adjusted for N	lew Costs		
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
	Settlemen	t based on costs			
		dell Samuel, Ad	ministrator	RV	
	Medica	iid Cost Reimbursen	nent Analysis		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in ra	te)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Tampa Community Health Center - Rome Ave		Provider 1	029548506 10/01/2012		
PO Box 82969		Fiscal Y	ear End: t Status:	N/A N/A	
Tampa, FL 33682		Audi	i Biaius.		
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012	
Hospice Provider					
#651 Routine Home Care		1			
#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		l Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate	Settlemen	t based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	Pr.	
For information Only ( No Change in rate)					



<u>Medicaid Reimbursem</u>	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Tampa Community Health Center - Waters Ave PO Box 82969		Provider Number: Date: Fiscal Year End: Audit Status:		029548513 10/01/2012 N/A N/A	
Tampa, FL 33682				14/21	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic	·				
Swing-Bed Provider					
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012	
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	X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad iid Cost Reimbursen	ministrator	R	
For information Only ( No Change in rate)					



Medicaid Reimbursen	nent Per Di	em Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Tampa Community Health Center Mobil Dental Van PO Box 82969 Tamp, FL 33682			Provider I Fiscal Y Audi	029548516 10/01/2012 N/A N/A	
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			\$119.13	\$119.84	10/01/2012
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:			474 697 # <del>386</del> 64
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only (No Change in rate)			dell Samuel, Ad	ministrator	Property of the second



Medicaid Reimbursen	ient Per Diem Rates	for Non-Institut	ional Provide	rs	
Tampa Family Health Center #11		Provider Number:		029548517	
		Fiscal Y	Date:	10/01/2012	
PO Box 82969			t Status:	N/A N/A	
Tampa, FL 33682		Audi	i Status.	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			20012001120011200		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012	
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	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
Average Nuising Home Rate	Settlemen	nt based on costs		The state of the s	
			1	RV	
	<del></del>	dell Samuel, Ad		<u> </u>	
	Medica	id Cost Reimbursen	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>	
Tampa Family Health Center #27		Provider 1		029548519	
			Date:	10/01/2012	
PO Box 82969			ear End:	N/A	
Tampa, FL 33682		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012	
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	erim it based on costs			
		enterview ( 18 Pr 9 / Presidente Presidente )		RV	
		dell Samuel, Ad			
	Medica	id Cost Reimbursen	nent Analysus `	•	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Trogram Development.					
For information Only (No Change in rate)					



Medicaid Reimbursement Per Diem Rate	es for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Tampa Family Health center #26	Provider Number: Date:		029548520 10/01/2012		
PO Box 82969		ear End:	N/A		
Tampa, FL 33682	Audi	t Status:	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	\$119.13	\$119.84	10/01/2012		
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 :					
BudgetX Prospect	ive				
	Prospective				
	ective Adjusted for New Costs				
Field audited costs					
Medicare - Prospective X Payment System Rate Interim Total In					
A	ent based on costs				
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimburso	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Tampa Family Health Centers #25		Provider 1		029548521	
DO D 920/0		Fiscal V	Date: ear End:	10/01/2012	
PO Box 82969			it Status:	N/A N/A	
Tampa, FL 33682				14/11	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	S	\$119.13	\$119.84	10/01/2012	
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	Prospec	ective Adjusted for New Costs			
Field audited costs	Total				
Medicare - Prospective X Payment System Rate	Interim Total Inte	erim			
Average Nursing Home Rate		t based on costs			
Distribution:		dell Samuel, Adid Cost Reimburser	lministrator	RV	
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Togram Development.					
For information Only (No Change in rate	e)				



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Tampa Family Health Centers #24		Provider Number:		029548522
DO D 02070		Fiscal Y	Date:	10/01/2012 N/A
PO Box 82969			t Status:	N/A N/A
Tampa, FL 33682		-		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012
Hospice Provider				
#651 Routine Home Care		:		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		<u> </u>		, <u>-</u>
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	Intonio			
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:		vdell Samuel, Ad id Cost Reimbursen	ministrator	R
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Tampa Family Health Center #23		Provider Number:		029548527
PO Box 82969		Fiscal Y	Date: ear End:	10/01/2012 N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:	W + 444 A 144 A 14	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012
Hospice Provider				
#651 Routine Home Care	- 10-			
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	7843 884 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
Basis:	Rate Type :		(m)	
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	Ŧ			
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		at based on costs		
		dell Samuel, Ad	ministrator	R
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>
Central Florida Health Care, Inc Frostproof		Provider 1		029549300
		T2' 1.37	Date:	10/01/2012
109 West Wall Street		Fiscal Y		N/A
Frostproof, FL 33843		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			AND THE RESERVE THE PROPERTY OF THE PROPERTY O	
	· .			
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 Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
				<b>R</b> /
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	ıt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Central Florida Health Care - Wachula		Provider Number:		029549301	
			Date:	10/01/2012	
204 E. Palmetto Street			ear End:	N/A	
Wauchula, FL 33873		Audi	t Status:	N/A	
Provider Type:	**************************************	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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	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			
	W D-	-1-11 C 1 A 1		R/	
		dell Samuel, Ad id Cost Reimburser	<del>/</del> /	<del> </del>	
	Wiedica	id Cost Kennoursei	nent Anarysip		
Distribution:				•	
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
1105 uni Development.					
For information Only ( No Change in rate)					



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Central Florida Health Call - Avon Park 400 South Lake Avenue		Provider Number: Date: Fiscal Year End:		029549304 10/01/2012 N/A		
Avon Park, FL 33825		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board			7000 VV			
Basis:	Rate Type:					
Budget	X Prospectiv	re				
Unaudited costs		1 Prospective				
Desk audited costs Field audited costs	Prospec	pective Adjusted for New Costs				
Medicare - Prospective	Interim					
X Payment System Rate	Total Inte	ıterim				
Average Nursing Home Rate	Settlemer	tlement based on costs				
<u>Distribution:</u> Fiscal Agent Contract Management		dell Samuel, Ad id Cost Reimbursen	ministrator			
Permanent File Program Development:						
For information Only ( No Change in rate)						



Medicaid Reimbursen	ıent Per Diem Ra	tes for Non-Institut	ional Provide	e <u>rs</u>	
Premier Community HC Group - Pasco		Provider 1		029550700	
			Date:	10/01/2012	
37946 CHURCH AVE			ear End:	N/A	
Dade City, FL 33525		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider		_			
X Federally Qualified Health Centers		\$140.80	\$141.64	10/01/2012	
Hospice Provider					
#651 Routine Home Care		1			
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board			- 1,000		
Basis:	Rate Type	:			
Budget	X Prospe	ctive			
Unaudited costs		Prospective			
Desk audited costs	Pros	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total				
	Settler	nent based on costs			
	W	Rydell Samuel, Ad	ministrator	R-	
		licaid Cost Reimbursen		<del> </del>	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Med	licaid Reimbursement Per I	Diem Rates	for Non-Institut	ional Provide	ers
Premier Community HC G	roup - Zephyrhills		Provider Number:		029550701
				Date:	10/01/2012
37946 CHURCH AVE				ear End:	N/A
Dade City, FL 33525			Audit Status: N/A		
Provider Type:	W AF (1)		Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider	•				
X Federally Qualified	Health Centers	~	\$140.80	\$141.64	10/01/2012
Hospice Provider		····		·	
#651 Routine Hor	ne Care				
#652 Continuous	Home Care				
#655 Inpatient Re	spite Care		:		
#656 General Inp	atient Care				
#658 Room and B	oard			NAME OF TAXABLE PARTY.	
Basis:	Ra	te Type :			
Budget	x	Prospectiv	⁄e		
Unaudited costs	X	Total P	rospective		
Desk audited costs		Prospe	ctive Adjusted for N	lew Costs	
Field audited costs					
Medicare - Prospec		Interim			
X Payment System Ra Average Nursing Ho		Total Inte			
	, and the state of	Settlemer	nt based on costs		
		W/ D-	rdall Cameral Ad	J	R.
			dell Samuel, Ad id Cost Reimburser		
		Micaica	nd Cost Rennourser	nem Amarysis	
<b>Distribution:</b>					
Fiscal Agent					
Contract Management Permanent File					
Permanent File Program Development:					
110 Grant 2010 pinent.					
For information Only (	No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	ional Provide	ers
Premier Community HC Group - Summit		Provider Number:		029550702
			Date:	10/01/2012
37946 CHURCH AVE		Fiscal Y		N/A
Dade City, FL 33525		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$140.80	\$141.64	10/01/2012
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	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int	erim nt based on costs		
	Settleme	in based on costs		Rv.
		ydell Samuel, Ad	ministrator	
	Medic	aid Cost Reimburser	nent Analysis	1
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>	
Premier Community Healthcare Group - New Port Richey		Provider Number:		029550703	
DO D		Figural V	Date: ear End:	10/01/2012	
PO Box 232			t Status:	N/A N/A	
Dade City, FL 33526		Audi	t Status.	1N/ <i>P</i> s.	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			~~~		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$140.80	\$141.64	10/01/2012	
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	Prospec	ective Adjusted for New Costs			
Field audited costs	• . •				
Medicare - Prospective X Payment System Rate	Interim Total Inte				
Average Nursing Home Rate	***************************************	nent based on costs			
Distribution:	W. Ry	dell Samuel, Ad		R	
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>		
Premier Community Healthcare - Dade City		Provider Number: Date:		029550704 10/01/2012		
PO Box 232		Fiscal Y		N/A		
Dade City, FL 33526		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$140.80	\$141.64	10/01/2012		
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	pective Adjusted for New Costs				
Field audited costs						
Medicare - Prospective	Interim					
X Payment System Rate Average Nursing Home Rate	 W. Ry	nt based on costs  vdell Samuel, Ad		R.		
	Medica	id Cost Reimbursen	nent Analysis	•		
Distribution:						
Fiscal Agent						
Contract Management						
Permanent File						
Program Development:						
For information Only ( No Change in rate)						



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

Premier Community Health Care Group, Inc.	Provider Number:	029550707
Premier Community Health Care - Hudson	Date:	10/01/2012
PO Box 232	Fiscal Year End:	N/A
Dade City, FL 33526	Audit Status:	N/A

Provider Type:	<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$140.80	\$141.64	10/01/2012
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	X Prospective X Total Prospective Prospective Adjusted for New Costs
Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate	InterimTotal InterimSettlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Central Florida Migrant & Community Health Center, Inc		Provider Number: Date:		029551500 10/01/2012		
2400 State Road 415		Fiscal Y		N/A		
Sanford, FL 32771		Audi	t Status:	N/A		
Provider Type:	darda dan salah darih di 2018 disambili di 2018 di darih dar	Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$107.52	\$108.17	10/01/2012		
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	Prospective				
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs			
Field audited costs	Too Annaissa					
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim				
Average Nursing Home Rate		it based on costs				
		dell Samuel, Ad id Cost Reimbursen	ministrator	R		
Distribution: Fiscal Agent 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>		
Central Florida Family Health - Alafaya		Provider Number:		029551502		
		Date: 10/01/2012				
18501 Washington Ave.		Fiscal Y		N/A		
Bithlo, Fl 32820		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$107.52	\$108.17	10/01/2012		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care			······································			
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board						
			and the state of t			
Basis:	Rate Type:					
Budget	X Prospectiv	/e				
Unaudited costs	X Total F	Prospective				
Desk audited costs	Prospe	ective Adjusted for New Costs				
Field audited costs	<b>.</b>					
Medicare - Prospective X Payment System Rate	Interim Total Inte					
Average Nursing Home Rate		tlement based on costs				
<u><b>Distribution:</b></u> Fiscal Agent		vdell Samuel, Ad aid Cost Reimbursen		R		
Contract Management						
Permanent File						
Program Development:						
For information Only ( No Change in rate)						



Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Central Florida Family Health - Underhill Road  2400 County Rd 415-A Sanford, FL 32771		Provider Number: Date: Fiscal Year End: Audit Status:		029551504 10/01/2012 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Cent	ers	\$107.52	\$108.17	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
	- /April 14 (April 14 (Apr	d	- V- mil-		
Basis:	Rate Type :	ACT - William William William Control			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen	ministrator	R.	
For information Only ( No Change in a	rate)				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	e <u>rs</u>	
Central Florida Family Health Center - Lake Ellenor		Provider Number:		029551506	
			Date:	10/01/2012	
2400 County Rd 415-A		Fiscal Y		N/A	
Sanford, FL 32771		Audit Status: N/A			
Provider Type:	Total State	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider			<del></del>		
X Federally Qualified Health Centers		\$107.52	\$108.17	10/01/2012	
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 X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	erim it based on costs			
			h		
		dell Samuel, Ad		<del> </del>	
	Medica	id Cost Reimbursen	nent Analysis	-	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
1.0g.um Development.					
For information Only ( No Change in rate)					



Medicaid Reimbursement Per	Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Family Health Center of Columbia County, Inc.		Provider Number: Date:		029552300 10/01/2012	
P.O. Box 249		Fiscal Year End:		N/A	
Lake City, FL 32056		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$96.01	\$96.59	10/01/2012	
Hospice Provider			,		
#651 Routine Home Care			:		
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	ate Type :	7 /			
Budget X	Prospectiv	re			
		Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate		it based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	R	
For information Only ( No Change in rate)					



Medicaid Reimbursen	ient Per Diem Rate	s for Non-Institut	i <u>onal Provide</u>	<u>rs</u>
Helen B. Bentley Family Health Center, Inc.		Provider ]	Number: Date:	029553100 10/01/2012
3090 SW 37th Ave		Fiscal Y	ear End:	N/A
Miami, FL 33133		Audi	t Status:	N/A
Tendini, T.E. 55155	A			
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.45	\$144.31	10/01/2012
Hospice Provider			The state of the s	
#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 I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	* . *			
Medicare - Prospective X Payment System Rate	Interim Total Int	orim		
Average Nursing Home Rate	***************************************	nt based on costs		
<u><b>Distribution:</b></u> Fiscal Agent	*****	ydell Samuel, Ad aid Cost Reimburser		R
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbur	sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Borinquen Health Care Center, Inc. 3601 Federal Highway 3rd Floor		Provider Number: Date: Fiscal Year End:		029554000 10/01/2012 N/A
Miami, FL 33137		Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$121.72	\$122.45	10/01/2012
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	re rospective		
Desk audited costs		pective Adjusted for New Costs		
Field audited costs	T4			
Medicare - Prospective X Payment System Rate	Interim Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen	ministrator	R
For information Only ( No Change in ra	te)			



#### Florida Agency for Health Care Administration

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

Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Borinquen Health Care - Federal Hwy		Provider l	Number: Date:	029554002 10/01/2012
3601 Federal Highway 3rd Floor		Fiscal Y		N/A
Miami, FL 33137		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012
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	it based on costs		
	 W. Ry	dell Samuel, Ad	ministrator	R.
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
·				
For information Only (No Change in rate)				



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	<u>ional Provide</u>	rs
Borinquen Health Care Center, SW 8th Street		Provider Number: Date:		029554003 10/01/2012
3601 Federal Highway, 3rd Floor Finance		Fiscal Year End:		N/A
Miami, FL 33137		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	140440	\$121.72	\$122.45	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	enterentative w. w		IIIIII	
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Inte	nrina		
Average Nursing Home Rate	***************************************	nt based on costs		
<u>Distribution:</u> Fiscal Agent		dell Samuel, Ad	ministrator	R
Contract Management				
Permanent File Program Development:				
i togram Development.				
For information Only ( No Change in rate)				



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

Borinquen Health Care Center	Provider Number:	029554008
Boringuen - Paul W. Bell Middle School	Date:	10/01/2012
3601 Federal Highway	Fiscal Year End:	N/A
Miami, FL 33175	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$121.72	\$122.45	10/01/2012
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:

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Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Borinquen Health Care Center Brent Tree Elementary 3601 Federal Highway Miami, FL 33175		Provider Number: Date: Fiscal Year End: Audit Status:		029554010 10/01/2012 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic	***************************************				
Swing-Bed Provider					
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care		7 1 2 2 4			
#655 Inpatient Respite Care		V Addition			
#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	Prosper Prospe	rospective ctive Adjusted for N	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen	ministrator	R.	

For information Only (No Change in rate)



Medicaid Reimbursement P	er Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Borinquen Health Care Center Howard A Doolin Middle School 3601 Federal Highway		Provider I Fiscal Y	Date:	029554012 10/01/2012 N/A N/A
Miami, FL 33137		71441	i Diaius.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012
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 :	The state of the s		
Budget	K Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	nt based on costs		
		dell Samuel, Ad	ministrator	R
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



**Swing-Bed Provider** 

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

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

Rural Health Clinic	•		T management of the control of the c	
Provider Type:	Current Rate	New Rate	Effective Date	
Miami, FL 33175	Fiscal Year End: Audit Status:		10/01/2012 N/A N/A	
3601 Federal Highway				
MS Douglas Elementary				
Borinquen Health Care Center	Provider 1	Number:	029554014	

X Federally Qualified Health Centers	\$121.72	\$122.45	10/01/2012
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:

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Medicaid Reimbursen	nent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>		
Borinquen Health Care Center - 16		Provider l	Number:	029554016		
			Date:	10/01/2012		
3601 Federal Hwy, 6th Floor			ear End:	N/A		
Miami, FL 33137		Audit Status:		N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012		
Hospice Provider						
#651 Routine Home Care	100					
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board						
		4	THE STATE OF THE S			
Basis:	Rate Type:					
Budget	X Prospecti	ve				
Unaudited costs				Prospective		
Desk audited costs	Prospe	ctive Adjusted for New Costs				
Field audited costs						
Medicare - Prospective	Interim					
Average Nursing Home Rate	X Payment System Rate Total Inte		erim nt based on costs			
	W. R	ydell Samuel, Ad		R/		
B: 4 B 4			•			
<u>Distribution:</u> Fiscal Agent						
Contract Management						
Permanent File						
Program Development:						
For information Only ( No Change in rate)						



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Borinquen Health Care Center - 19		Provider l		029554019
			Date:	10/01/2012
3601 Federal Highway		Fiscal Y		N/A
Miami, FL 33137		Audit Status: N/A		
Provider Type:	14 PP	Current Rate	New Rate	Effective Date
Rural Health Clinic			- Mille	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			30000	
#655 Inpatient Respite Care				
#656 General Inpatient Care			WHITE COLUMN AND	
#658 Room and Board	· ·			
		- 4470 000 000		
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs X Total Prospective				
Desk audited costs				
Field audited costs				
Medicare - Prospective X Payment System Rate	Total Interim			
Average Nursing Home Rate		nt based on costs		
		at out of out		
	W. R	ydell Samuel, Ad	ministrator	FV .
		aid Cost Reimbursen		
Distributions				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Borinquen Health Care Center - 21		Provider Number: Date:		029554021 10/01/2012
3601 Federal Highway, 6th Floor		Fiscal Y		N/A
Miami, FL 33137		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012
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			
		ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective Interim X Payment System Rate Total Interim				
Average Nursing Home Pete		ent based on costs		
30.000	W. Ry	vdell Samuel, Ad uid Cost Reimbursen	ministrator	R
Distable at an				
<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>	
Borinquen Health Care Center - 23		Provider 1	Number: Date:	029554023 10/01/2012	
3601 Federal Highway		Fiscal Y		N/A	
Miami, FL 33137		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012	
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					
Desk audited costs	ctive Adjusted for New Costs				
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim	•			
Average Nursing Home Rate	Total Inte	erim nt based on costs			
<u><b>Distribution:</b></u> Fiscal Agent		vdell Samuel, Ad id Cost Reimbursen	ministrator		
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Borinquen Health Care Center - 25		Provider 1	Number: Date:	029554025 10/01/2012
3601 Federal Highway		Fiscal Y	ear End:	N/A
Miami, FL 33137		Audi	t Status:	N/A
		<b>T</b>		,
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012
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		
		Prospective		
		ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Total Into Average Nursing Home Rate Settlement				
	Settlemer	nt based on costs		
	***************************************	dell Samuel, Ad	ministrator	RY
	Wicarca	iid Cost Remioursen	icht Anarys <b>p</b>	
<b>Distribution:</b>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Borinquen Health Care Center - 27		Provider Number:		029554027	
2601 F. J. a. I H		Fiscal Y	Date: ear End:	10/01/2012 N/A	
3601 Federal Hwy, 6th Floor			t Status:	N/A	
Miami, FL 33137				11/12	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012	
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 Prospec		ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Interim X Payment System Rate Total Interim					
Average Numing Home Date		ent based on costs			
		dell Samuel, Ad	ministrator	R	
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	<u>ional Provide</u>	<u>rs</u>
Borinquen Health Care Center - 29		Provider Number: Date:		029554029 10/01/2012
3601 Federal Highway, Suite 200		Fiscal Y	ear End:	N/A
Miami, FL 33137		Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012
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	Prospe	ective Adjusted for New Costs		
Field audited costs	Intonia			
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 id Cost Reimbursen	ministrator	R
For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Borinquen Health Care Center - 31		Provider Number:		029554031
		Date:		10/01/2012
3601 Federal Highway		Fiscal Y		N/A
Miami, FL 33137		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$121.72	\$122.45	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		To the state of th		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs	X Total P	Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim	_		
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs		
	Settlemen	it based on costs		RV
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Suncoast Community HCC - Ruskin		Provider Number:		029557400
•			Date:	10/01/2012
P.O. Box 1349		Fiscal Y		N/A
Ruskin, FL 33570		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.50	\$140.34	10/01/2012
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  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
			,,,,,,,	<b>P</b> ./
	<u>W. R</u>	ydell Samuel, Ad	ministrator	
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				•
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



#### Florida Agency for Health Care Administration

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

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

Provider Type:	Current Rate	New Rate	Effective D
Plant City, FL 33563	Aud	it Status:	N/A
Women and Children Community Health Center PO Box 2096	Fiscal Y	10/01/2012 N/A	
Suncoast Community Health Centers	Provider 1	029557401	

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$139.50	\$140.34	10/01/2012
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:

For information Only (No Change in rate)



Medicaid Reimburser	ment Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Suncoast Community HCC - Plant City		Provider Number:		029557402
			Date:	10/01/2012
508 N. Maryland Avenue P.O. Box 2096			ear End:	N/A
Plant City, Fl 33566		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.50	\$140.34	10/01/2012
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	***************************************	ective Adjusted for New Costs		
Field audited costs	<del></del>			
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Norsing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		R
Distributions				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Provider N Fiscal Ye Audi Frent Rate \$139.50	Date:	029557403 10/01/2012 N/A N/A Effective Date
Audi	ear End: t Status:  New Rate	N/A N/A Effective Date
Audi	t Status: New Rate	N/A  Effective Date
\$139.50	\$140.34	10/01/2012
\$139.50	\$140.34	10/01/2012
\$139.50	\$140.34	10/01/2012
		<u>'</u>
ctive		
Adjusted for N	ew Costs	
d on costs		
	ministrator	
	djusted for N  d on costs  Samuel, Ad	djusted for New Costs



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

Suncoast Community Health Centers	Provider Number:	029557405
Joyce Ely Community Health Center	Date:	10/01/2012
PO Box 1349	Fiscal Year End:	N/A
Ruskin, FL 33575	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$139.50	\$140.34	10/01/2012
Hospice Provider		•	
#651 Routine Home Care			
#652 Continuous Home Care			E.
#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:

For information Only (No Change in rate)



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Suncoast Community Health Centers		Provider Number:		029557408
Suncoast Mobile Dental Van			Date:	10/01/2012
PO Box 1349		Fiscal Y		N/A
Ruskin, FL 33575		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.50	\$140.34	10/01/2012
Hospice Provider		300		
#651 Routine Home Care			<u> </u>	
#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	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		
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
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>
Suncoast Community Health Centers, Inc.		Provider Number:		029557409
Brandon Community Health Center			Date:	10/01/2012
PO Box 40		Fiscal Y		N/A
Dover, FL 33527			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.50	\$140.34	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
	#656 General Inpatient Care			
#658 Room and Board	a 🐼 1000 o			
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	Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad uid Cost Reimbursen		R

For information Only (No Change in rate)



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

Suncoast Community Health Centers	Provider Number:	029557412
Oakfield Community Health Center	Date:	10/01/2012
13110 Elk Mountain Drive	Fiscal Year End:	N/A
Riverview, FL 33579	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		111100000000000000000000000000000000000	
Swing-Bed Provider			
X Federally Qualified Health Centers	\$139.50	\$140.34	10/01/2012
Hospice Provider			
#651 Routine Home Care		2 Marie 2 Mari	
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care	i		
#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:

For information Only (No Change in rate)



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Manatee County Rural Health Services		Provider 1	029561200 10/01/2012		
P.O. Box 499		Fiscal Y	-	N/A	
Parrish, FL 34219		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012	
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:	74		142	
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospe	spective Adjusted for New Costs			
Field audited costs	T.,				
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim			
Average Nursing Home Rate		it based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<del></del>	dell Samuel, Ad id Cost Reimbursen	ministrator	R	
For information Only ( No Change in rate)					



		Medicaid Reimburser	nent Per Dier	n Rates	for Non-Institut	ional Provide	<u>rs</u>
Manatee County Rural Health Services- Bayshore			Provider Number: Date:		029561201 10/01/2012		
P.O.	Box 499				Fiscal Y		N/A
Parrish, FL 34221			Audi	it Status:	N/A		
Pro	vider Type	e:			Current Rate	New Rate	Effective Date
	Rural He	alth Clinic					
	Swing-Be	d Provider					
X	Federally	<b>Qualified Health Centers</b>			\$118.65	\$119.36	10/01/2012
	Hospice P	rovider					
	#651 R	outine Home Care					
	#652 C	ontinuous Home Care					
	#655 In	patient Respite Care					
	#656 G	eneral Inpatient Care					
	#658 Re	oom and Board					
	Basis:		Rate 7	Гуре :			
	Budge	rt .	X P	rospectiv	e		
	Unaud	lited costs	X	Total P	Prospective		
		audited costs		Prospec	ective Adjusted for New Costs		
		audited costs	T . 4 .				
		are - Prospective ent System Rate	Inte	rım Fotal Inte	nim		
		e Nursing Home Rate	*****		it based on costs		
Fi Co Pe	stribution: scal Agent ontract Managermanent File ogram Develo	gement			dell Samuel, Ad id Cost Reimbursen	ministrator	R
	For inform	nation Only (No Change in rate)					



<u>Medicaid Reimbur</u>	sement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Manatee County Rural Health Svcs Hwy 301		Provider 1	Number: Date:	029561202 10/01/2012
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		- Augusta		
X Federally Qualified Health Center	rs	\$118.65	\$119.36	10/01/2012
Hospice Provider				
#651 Routine Home Care		,		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		2.1		
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs	control of papage as allow as face a	
		dell Samuel, Ad		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in ra	ite)			



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Manatee County Rural Health Ser Lawton Chiles		Provider Number:		029561203	
- 0 -		Date: Fiscal Year End:		10/01/2012	
P.O. Box 499			ear Eng: t Status:	N/A N/A	
Parrish, FL 34219		Audi	t Status.	IN/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			***************************************		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012	
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	Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	ent based on costs			
Distribution: Fiscal Agent Contract Management		vdell Samuel, Ad uid Cost Reimbursen	ministrator	R	
Permanent File Program Development:					
For information Only / No Change in rate)					



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Manatee County Rural Health Ser - Southeast FHCC		Provider Number: Date:		029561204 10/01/2012
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34203		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
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	ective Adjusted for New Costs		
Field audited costs  Medicare - Prospective	Intonina			
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:		vdell Samuel, Ad iid Cost Reimbursen	ministrator	R.
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Manatee County Rural Health Ser - East Manatee Health		Provider Number: Date:		029561205 10/01/2012
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34208		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		-		
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
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	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Inte	erim nt based on costs		
Distribution:		vdell Samuel, Ad id Cost Reimbursen	ministrator	
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursen	<u>ient Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Manatee County Rural Health Ser - Myakka FHCC		Provider Number: Date:		029561206 10/01/2012
P.O. Box 499		Fiscal Ye		N/A
Parrish, Fl 34251		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			<u>-</u>	
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
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 Field audited costs	Prospe	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemer	nt based on costs		
Distribution: Fiscal Agent Contract Management	***************************************	dell Samuel, Ad id Cost Reimbursen	ministrator	
Permanent File Program Development:				
1.0grum 20,000pmone.				
For information Only ( No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Manatee County Rural Health Ser - Infection	ous Disease	Provider Number: Date:		029561207 10/01/2012
P.O. Box 499		Fiscal Y		N/A
Parrish, Fl 34203		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
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 :			The Management of the Control of the
Budget	X Prospectiv	ve		
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	nent based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad	ministrator	P
For information Only (No Change in rate)	)			



Medicaid Reimbursemen	nt Per Di	em Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Manatee County Rural Health Ser North CH	C Medic	al	Provider Number: Date:		029561210 10/01/2012	
P.O. Box 499			Fiscal Y		N/A	
Parrish, FL 34219		Audi	t Status:	N/A		
Provider Type:			Current Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers			\$118.65	\$119.36	10/01/2012	
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	_	rospective			
Desk audited costs		Prospe	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	In	terim				
X Payment System Rate	'''	Total Inte	erim			
Average Nursing Home Rate		•	ent based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			dell Samuel, Ad id Cost Reimbursen	ministrator	R	
For information Only (No Change in rate)						



Medicaid Reimburseme	nt Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>	
Manatee Co. Rural Health Ser - Health Park OB/GYN		Provider Number: Date:		029561212 10/01/2012	
P.O. Box 499		Fiscal Y	ear End:	N/A	
Parrish, FL 34219		Audi	t Status:	N/A	
Provider Type:	-	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012	
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	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs			
			ministrat of		
		ydell Samuel, Ad aid Cost Reimbursen	7.	<b></b>	
			, - <b>-</b>		
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Manatee County Rural Health Ser - Palametto I	FHC	Provider Number: Date:		029561214 10/01/2012	
P.O. Box 499		Fiscal Y		N/A	
Parrish, FL 34221		Audi	t Status:	N/A	
Provider Type:	•	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012	
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	ective 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			
	***************************************	dell Samuel, Ad		R	
<b>Distribution:</b>					
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>
Manatee County Rural Health Services - Wes	tgate	Provider Number: Date:		029561218 10/01/2012
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audi	t Status:	N/A
1 4111511, 1 L. 34217				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
Hospice Provider				
#651 Routine Home Care			***************************************	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	-			
	W (3**	Anadiči, Pi gritinina nagr		
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		it based on costs		
			•	7./
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
rrogram Development.				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem F	Rates for Non-Institut	<u>ional Provide</u>	ers		
Manatee County Rural Health Services - Community Care I	HC Provider 1	Provider Number: Date:			
P.O. Box 499	Fiscal Y	Fiscal Year End: N/A			
Parrish, FL 34219	Audi	t Status:	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	\$118.65	\$119.36	10/01/2012		
Hospice Provider					
#651 Routine Home Care		-	} -		
#652 Continuous Home Care		www.			
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis: Rate Typ	oe:				
Budget X Prosp	pective				
	otal Prospective	-			
	ospective Adjusted for N	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Interim X Payment System Rate Total					
Assumed Manager Date	l Interim ement based on costs				
	7. Rydell Samuel, Ad	ν	PV		
$\overline{M}$	edicaid Cost Reimburser	nent Analysis	<i>t</i>		
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>	
Manatee County Rural Health Services - Lake	ewood	Provider 1		029561222	
		Date:		10/01/2012	
P.O. Box 499		Fiscal Y		N/A	
Parrish, FL 34219		Audi	t Status:	N/A	
Provider Type:	and the state of t	Current Rate	New Rate	Effective Date	
Rural Health Clinic				ļ	
Swing-Bed Provider					
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012	
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	Prospective			
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	ent based on costs			
	 W. Ry	dell Samuel, Ad		PV	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Tallahassee, Florida 32308

Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>	
Manatee Rural County Health Services - Rive	erview	Provider Number:		029561224	
				10/01/2012	
P.O. Box 499			ear Eng: t Status:	N/A	
Parrish, FL 34219		Audi	i Status.	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider			***************************************		
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012	
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	Prospe	ective Adjusted for New Costs			
Field audited costs	Turkanina				
Medicare - Prospective X Payment System Rate	Interim Total Inte	erim			
Average Nursing Home Rate		nt based on costs			
	***************************************	ydell Samuel, Ad nid Cost Reimbursen	ministrator	R	
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	<u>ional Provide</u>	<u>rs</u>	
Manatee Rural Health Center - Bradenton Chiropractic  P.O. Box 499  Parrish, FL 34219		Provider Number: Date: Fiscal Year End: Audit Status:		029561226 10/01/2012 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		Current Rate	new Rate	Effective Date	
Swing-Bed Provider					
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012	
Hospice Provider		\$110.05	φ117.5 <b>0</b>	10/01/2012	
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
		L.			
Basis:	Rate Type :				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Total F Prospe	X Total Prospective Prospective Adjusted for New Costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen	ministrator	R	
For information Only (No Change in rate)					



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Medicaid Reimburser	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Manatee Rural Health Center - Whole Child	l Pediatrics	Provider Number: Date:		029561228 10/01/2012	
P.O. Box 499		Fiscal Y		N/A	
Parrish, FL 34219		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care				1	
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type:			and the second s	
Budget	X Prospectiv	<i>r</i> e			
Unaudited costs	X Total F	Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	erim ent based on costs			
		vdell Samuel, Ad iid Cost Reimbursen		P	
Distaibutions					
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimburseme	nt Per Diem Rate	s for Non-Institut	ional Provide	ers
Manatee Rural Health Center - General Surger	ry .	Provider ?	Number:	029561230
			Date:	10/01/2012
P.O. Box 499			ear End:	N/A
Parrish, FL 34219		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
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	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
	Settleme	nt based on costs		
	W P	ydell Samuel, Ad	Iministrator	RV
	***************************************	aid Cost Reimburser		
District and			• •	
<u>Distribution:</u> 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
Manatee County Rural Health Services, Inc.		Provider Number: 02956		029561232
Readi-Care Plus		Date: 10/01/2012		
PO Box 499		Fiscal Y		N/A
Parrish, FL 34219	Audit Status: N/A		N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
Hospice Provider				} !
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	MAL V 2		27A54	
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
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 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	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Manatee County Rual Health Services		Provider 1	029561233 10/01/2012	
River Landings OB/GYN PO Box 499		Fiscal Y	Date: ear End:	N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Rate	new Nate	Effective Date
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	A10741. VINOS VIIIIIIIII			
T				
Basis:	Rate Type:			
Budget	X Prospectiv	⁄e		
Unaudited costs	<del></del>	rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
				R/
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
	Medica	nd Cost Reimbursen	nent Anarysıs	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				

For information Only (No Change in rate)



Tallahassee, Florida 32308

Medicaid Reimbursemer	it Per Di	iem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Manatee County Rural Health Services North County Family Vision Center PO Box 499 Parrish, FL 34219			Provider f Fiscal Yo Audi	Date:	029561236 10/01/2012 N/A N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			\$118.65	\$119.36	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
			****		
Basis:	Rate	e Type :			- 1/4 X (0 1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Budget	X	Prospectiv	re		
Unaudited costs	<u>X</u>		rospective		
Desk audited costs		Prospec	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Īr	nterim			
X Payment System Rate		Total Interim			
Average Nursing Home Rate	Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			dell Samuel, Ad id Cost Reimbursen	ministrator	
For information Only ( No Change in rate)					



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Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Manatee Count Rural Health Services, Inc.		Provider Number: Date:		029561238 10/01/2012		
PO Box 499		Fiscal Y		N/A		
Parrish, FL 34219		Audit Status: N/A		N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012		
Hospice Provider				3		
#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				Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs				
Field audited costs  Medicare - Prospective  Interim						
Medicare - Prospective X Payment System Rate	·····					
Assess Namina III and Data		ent based on costs				
<b>Distribution:</b> Fiscal Agent Contract Management	-	dell Samuel, Ad	ministrator	R		
Permanent File						
Program Development:						
For information Only (No Change in rate)						



Tallahassee, Florida 32308

	Medicaid Reimburse	ement Per Diem Rates	s for Non-Institut	ional Provide	rs		
Manatee County Rural Health Services		Provider Number:		029561240			
Bradenton Family Medical				10/01/2012			
PO Box 499				ear End:	N/A		
Parrish, FL 34219			Audit Status: N/A				
Provider Typ	De:		Current Rate	New Rate	Effective Date		
Rural H	ealth Clinic						
Swing-B	ed Provider						
X Federall	y Qualified Health Centers	3	\$118.65	\$119.36	10/01/2012		
Hospice	Provider						
	Routine Home Care	TIR DIA DE LA CALLACTE					
#652 (	Continuous Home Care						
	npatient Respite Care						
	General Inpatient Care						
#658 I	Room and Board						
	<b></b>	The second of th					
Basis:		Rate Type:					
Budg	get	X Prospectiv	ve .				
				Prospective			
	audited costs	Prospe	ctive Adjusted for N	lew Costs			
***************************************	audited costs	Interim					
X Paym	nent System Rate	Total Interim					
Average Nursing Home Rate Settlement based on costs							
			ydell Samuel, Ad aid Cost Reimburser	lministrator			
Distribution	1:						
Fiscal Agent							
Contract Man							
Permanent Fil Program Deve							

For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rate Community HC - JR Clarke			Provider Number:	
Community ITC Steelance			Date:	10/01/2012
1310 22nd Avenue South	Fiscal Y		N/A	
St. Petersburg, FL 33705		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			***************************************	
X Federally Qualified Health Center	'S	\$107.32	\$107.96	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			and the second s	
Basis:	Rate Ty	pe:		
Budget	X Pros	spective		
Unaudited costs	X Total Prospective			
Desk audited costs	P	Prospective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interin			
X Payment System Rate Average Nursing Home Rate	***************************************	al Interim		
Average routsing frome Rate	Set	tlement based on costs		
	7	W. Rydell Samuel, Ad	ministrator	R/
		Medicaid Cost Reimbursen		
	•			
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
Togram Development.				



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<u>Medicaid Reimburser</u>	nent Per Diem Rates	s for Non-Institut	ional Provide	ers
Community HC - Mother & Child Care of Clearwater		Provider Number:		029565501
		*** 1 ***	Date:	10/01/2012
1020 Lakeview Rd		Fiscal Y		N/A
Clearwater, FL 33756		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$107.32	\$107.96	10/01/2012
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				
		pective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X  Payment System Rate	Interim Total Interim			
Average Nursing Home Rate	Settlement based on costs			
				7/
	W. R	ydell Samuel, Ad	ministrator	
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
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>
Community HC at Pinellas Pk - Womens & Childrens HC		Provider Number: Date:		029565503 10/01/2012
6237 66th St North		Fiscal Y	ear End:	N/A
Pinellas Park, FL 33781		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$107.32	\$107.96	10/01/2012
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 .		~_1
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	T.,,			
Medicare - Prospective X Payment System Rate	Interim Total Inte	-rim		
Average Nursing Home Rate		nt based on costs		
Distribution:		ydell Samuel, Ad aid Cost Reimbursen		Pr
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1.05tan Development.				
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health Center - Largo		Provider l	Number:	029565512
		T	Date:	10/01/2012
12420 - 130th Ave		Fiscal Y		N/A
Largo, FL 33774		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$107.32	\$107.96	10/01/2012
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	rım ıt based on costs		
		dell Samuel, Ad	ministrator	RV.
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				
i or internation only (140 change in rate)				



Tallahassee, Florida 32308

Medicaid Reimbursement	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health Center - Tarpon Springs		Provider 1	Number: Date:	029565514 10/01/2012
301 S. Disston Avenue		Fiscal Y		N/A
Tarpon Springs, FL 34689		Audi	t Status:	N/A
Turpon Springs, TD 31003			TOTAL WILLIAM CO.	
Provider Type:	MANAGE AND A STATE OF THE STATE	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$107.32	\$107.96	10/01/2012
Hospice Provider				
#651 Routine Home Care		1		
#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		
		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rim it based on costs		
	Settlemen	it based off costs		
	W. Ry	dell Samuel, Ad		K
		id Cost Reimbursen		
D' 4 '1 - 4'				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
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<u>Medicaid</u>	Reimbursement Per Diem Rates	s for Non-Institut	ional Provide	ers
North Fl. Medical Ctr., Inc W	ewahitchka Medical Ctr	Provider 1		029568000
			Date:	10/01/2012
255 W. River Road			ear End:	N/A
Wewahitchka, FL 32465		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Heal	th Centers	\$103.20	\$103.82	10/01/2012
Hospice Provider				
#651 Routine Home Ca	are			
#652 Continuous Hom	e Care			
#655 Inpatient Respite	Care			
#656 General Inpatien	t Care			
#658 Room and Board	The second section of the sect			
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs	1	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 Ra	settlemen Settlemen	nt based on costs		7000 M TO THE TOTAL OF THE TOTA
		ydell Samuel, Ad		RV
	Medica	aid Cost Reimburser	nent Analysiß	
<b>Distribution:</b>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				



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

North Fl. Medical Ctr. Inc Wakulla Medical Ctr	Provider Number:	029568001
Wakulla Medical Center	Date:	10/01/2012
255 W. River Road	Fiscal Year End:	N/A
Wewahitchka, FL 32465	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$103.20	\$103.82	10/01/2012
Hospice Provider			
#651 Routine Home Care		VYY17171800mmm	
#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	X Prospective X Total Prospective Prospective Adjusted for New Costs
Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate	InterimTotal InterimSettlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:



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

North Fl. Medical Ctr., Inc Tri County FHCC	Provider Number:	029568005
Tri County Family Health Care	Date:	10/01/2012
255 W. River Road	Fiscal Year End:	N/A
Wewahitchka, FL 32465	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$103.20	\$103.82	10/01/2012
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	X Prospective X Total Prospective Prospective Adjusted for New Costs
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:



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

North Fl. Medical Ctrs., Inc Mayo	Provider Number:	029568009
Mayo Health Services	Date:	10/01/2012
255 W. River Road	Fiscal Year End:	N/A
Wewahitchka, FL 32465	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$103.20	\$103.82	10/01/2012
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	X Prospective X Total Prospective Prospective Adjusted for New Costs
Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate	Interim Total Interim 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 Reimbursemen	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
North Fl. Medical Ctrs., Inc Family Medical Practice		Provider Number: Date:		029568012 10/01/2012	
255 W. River Road		Fiscal Y		N/A	
Wewahitchka, FL 32465		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$103.20	\$103.82	10/01/2012	
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	Prospective			
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	erim at based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
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#### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc Gadsden Medical Center	Provider Number:	029568013
Gadsden Medical Center	Date:	10/01/2012
255 W. River Road	Fiscal Year End:	N/A
Wewahitchka, FL 32465	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			T V
X Federally Qualified Health Centers	\$103.20	\$103.82	10/01/2012
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	e <u>rs</u>	
North Fl. Medical Center, Inc Gadsden Dental Center		Provider Number:		029568015	
			Date:	10/01/2012	
255 W. River Road		Fiscal Y		N/A	
Wewahitchka, FL 32465		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$103.20	\$103.82	10/01/2012	
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	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
	Settlemen	nt based on costs			
	W. Ry	dell Samuel, Ad	ministrator	RV	
	<u></u>	id Cost Reimbursen			
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
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#### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FL. Medical Center - Eastpoint Medical Center	Provider Number:	029568030
Eastpoint Medical Center	Date:	10/01/2012
255 W. River Road Eastpoint Medical Center	Fiscal Year End:	N/A
Wewahitchka, FL 32465	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$103.20	\$103.82	10/01/2012
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 Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Family Health Centers of SW Florida - Downtown Ft Myers		Provider Number: Date:		029570100 10/01/2012	
P.O. Box 1588		Fiscal Y		N/A	
Ft. Myers, FL 33902		Audı	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012	
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:	7 - Maria Mari	- 20.		
Budget	X Prospecti	ve			
Unaudited costs	X Total l	Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Int	erim nt based on costs			
		ydell Samuel, Ad	ministrator	R	
	Medic	aid Cost Reimbursen	nent Analysis		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursemen	it Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Family Health Centers of SW Florida - Labelle		Provider Number: Date:		029570101 10/01/2012	
P.O. Box 1588		Fiscal Y	ear End:	N/A	
Ft. Myers, FL 33902		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012	
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 :	*** **********************************	To real control of the control of th		
Budget	X Prospectiv	re			
Unaudited costs	<del></del>	Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate	*****	it based on costs			
		dell Samuel, Ad			
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



<u>Medicaid Reimb</u>	irsement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Family Health Centers of SW Florida - Bonita Springs		Provider Number: Date:		029570102 10/01/2012	
P.O. Box 1588		Fiscal Y		N/A	
Ft. Myers, FL 33902		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Cent	ters	\$105.43	\$106.06	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care		-			
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board	4.1				
Basis:	Rate Type:				
Budget	X Prospectiv	⁄e			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settlemen	nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad aid Cost Reimbursen	ministrator/	R	
For information Only ( No Change in	rate)				



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Family Health Centers of SW Florida - East	Ft Myers	Provider 1		029570103	
		ነግ፥ 1 % 2	Date:	10/01/2012	
P.O. Box 1588		Fiscal Y		N/A	
Ft. Myers, FL 33902		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012	
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	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim	•			
Average Nursing Home Rate	Total Inte	erim it based on costs			
<u> </u>		vdell Samuel, Ad uid Cost Reimbursen			
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Family Health Centers of SW Florida - I	Leigh Acres	Provider Number: Date:		029570105 10/01/2012
P.O. Box 1588		Fiscal Y		N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	ers	\$105.43	\$106.06	10/01/2012
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 :	MAN YOU IN SECTION ASSESSMENT OF THE SECTION	Mark Mark	- //
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Inte	erim at based on costs		
	W. Ry	dell Samuel, Ad		RV
<b>Distribution:</b>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in r	ate)			



Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Family Health Centers of SW Florida - North Ft Myers		Provider Number: Date:		029570106 10/01/2012
P.O. Box 1588		Fiscal Y		N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		), h		
X Federally Qualified Health Center	ers	\$105.43	\$106.06	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	THE SAME SAME SAME SAME SAME SAME SAME SAM			
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection   Interim   Total Interim	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen		RV
For information Only ( No Change in r	ate)			



#### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursem	ent Per Diem Rat	es for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of S.W. Florida - Paul Lawrence		Provider Number:		029570107
P.O. Box 1588		Fiscal Y	Date: ear End:	10/01/2012 N/A
Ft. Myers, FL 33902			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		T T T T T T T T T T T T T T T T T T T		
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012
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	:		Water 1997
Budget	X Prospec	tive		
Unaudited costs	X Total	Prospective		
Desk audited costs	Prosp	pective Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Intonim			
X Payment System Rate	Interim Total In	nterim		
Average Nursing Home Rate		ent based on costs		
		. 20.		PV
		Rydell Samuel, Ad		
	Medi	caid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
<del>0 ~</del>				
For information Only (No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Family Health Centers of S.W. Florida - South	Ft Myers	Provider Number:		029570109
D O D 1500		Fiscal Y	Date:	10/01/2012 N/A
P.O. Box 1588			t Status:	N/A N/A
Ft. Myers, FL 33902		Audi	i Diaius.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012
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	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemer	nt based on costs		
			- K	RV
		dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburs	ement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Family Health Centers. of S.W. Florida - G	Cape Coral	Provider Number: Date:		029570110 10/01/2012	
P.O. Box 1588		Fiscal Y	ear End:	N/A	
Ft. Myers, FL 33902		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Center	'S	\$105.43	\$106.06	10/01/2012	
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	<del></del>	Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs	York marines				
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim			
Average Nursing Home Rate		it based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	R	
For information Only (No Change in rat	(a				



Medicaid Reiml	oursement Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of S.W. Florida - Broadway Dental		Provider Number: Date:		029570111 10/01/2012
P.O. Box 1588			ear End:	N/A
Ft. Myers, FL 33902		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cer	iters	\$105.43	\$106.06	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	<b>)</b>	,		
#655 Inpatient Respite Care				
#656 General Inpatient Care	,			
#658 Room and Board				
Basis:	Rate Type :	0.00		
Budget	X Prospecti	ve		
Unaudited costs	· · · · · · · · · · · · · · · · · · ·	Prospective		
Desk audited costs	Prospe	pective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
		nt based on costs ydell Samuel, Ad	v	RV
		aid Cost Reimburser		<del>/ _</del>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change i	n rate)			



Medicaid Reimbursen	<u>ient Per Diem Rate</u>	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of SW Florida Inc - Port Charlotte  P.O. Box 1588  Ft. Myers, FL 33902		Provider Number: Date: Fiscal Year End: Audit Status:		029570112 10/01/2012 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012
Hospice Provider	<u> </u>			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:		V 2.	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe	Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		ydell Samuel, Ad aid Cost Reimbursen	ministrator	R



Medicaid Reimbursemen	nt Per Diem	Rates	for Non-Institut	ional Provide	<u>rs</u>
Family Health Centers of SW Florida - Pine Isl	land		Provider Number:		029570115
				Date:	10/01/2012
P.O. Box 1588			Fiscal Y	ear End: t Status:	N/A
Ft. Myers, FL 33902			Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider		····			
X Federally Qualified Health Centers			\$105.43	\$106.06	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care	·				
#658 Room and Board					
Basis:	Rate Ty	pe:			
Budget	X Pros	spectiv	re		
Unaudited costs		-	rospective		
Desk audited costs	F	rospe	ective Adjusted for New Costs		
Field audited costs	<b>y</b>				
Medicare - Prospective X Payment System Rate	Interin	n :al Inte	rim		
Average Nursing Home Rate			at based on costs		
<b>Distribution:</b> Fiscal Agent	****		dell Samuel, Adid Cost Reimbursen		Pr
Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



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

Family Health (	Family Health Centers of SW Florida		Provider Number:		029570118
South Fort Myers Medical Center		Date:		10/01/2012	
PO Box 1588	PO Box 1588		Fiscal Y	ear End:	N/A
Fort Myers, FL 33902  Provider Type:		Audi	t Status:	N/A	
		Current Rate	New Rate	Effective Date	
Rural He	alth Clinic				
Swing-Be	d Provider				
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012	
Hospice P	rovider				
#651 Routine Home Care					
#652 Cd	#652 Continuous Home Care #655 Inpatient Respite Care				
#655 In					
#656 G	eneral Inpatient Care				
#658 Re	oom and Board				
Basis:		Rate Type :			
Budge	t	X Prospecti	ve		
Unaud			Prospective		
Desk a	udited costs	Prospe	ective Adjusted for New Costs		
Field a	udited costs				
Medic	are - Prospective	Interim			

**Total Interim** 

Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only ( No Change in rate)

Payment System Rate

Average Nursing Home Rate



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Family Health Centers of SW Florida - Bonit	a Springs	Provider Number: Date:		029570120 10/01/2012
P.O. Box 1588		Fiscal Y		N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		í d		
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012
Hospice Provider				
#651 Routine Home Care				_
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		7- x	· · · · · · · · · · · · · · · · · · ·	
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim	_		
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemei	it based on costs		
	W. Ry	dell Samuel, Ad	ministrator	RV
		nid Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



#### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	e <u>rs</u>
Family Hlth Ctr of SW Florida - Broadway Ave		Provider 1	Number: Date:	029570122 10/01/2012
P.O. Box 1588		Fiscal Y		N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$105.43	\$106.06	10/01/2012
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:	No.	, ,	
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	erim nt based on costs		
<u> </u>	W. Ry	dell Samuel, Ad	ministrator	RV
	Medica	id Cost Reimbursen	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
110Brain Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida		Provider Number:		029572800
			Date:	10/01/2012
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care	12244444			
#652 Continuous Home Care			******	1
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	The state of the s		AL ALLES	
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Thtermi Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
				Rv
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
Grane				
For information Only (No Change in rate)				



Medicaid Reimbursemen	<u>it Per Diem Rates</u>	for Non-Institut	ional Provide	<u>rs</u>
Community Health Center of South Florida - M	<b>ILK</b>	Provider 1	Number: Date:	029572801
810 West Mowry Street		Fiscal Y		10/01/2012 N/A
-			t Status:	N/A
Homestead, FL 33030				1
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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 :		THE PARTY OF THE P	
Budget	X Prospectiv	/e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		ent based on costs		
		dell Samuel, Ad	ministrator	R
D: 4 3 4			* •	
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



#### Florida Agency for Health Care Administration

#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South - Dental Svc		Provider l	Number:	029572802
			Date:	10/01/2012
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care		1		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			>25 kg	
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	X Total P	Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlement based on costs			
	W R	dell Samuel, Ad	ministrator	RV
		aid Cost Reimbursen		
D: 4 11 4				
<u>Distribution:</u> 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>	
Community Health of South Florida - MLK	Dental	Provider Number:		029572803	
			Date:	10/01/2012	
810 West Mowry Street		Fiscal Y		N/A	
Homestead, FL 33030		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider		1			
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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	l Prospective			
Desk audited costs	Prospe	Prospective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Interim				
	Settlemen	nt based on costs		RV	
	W. Ry	dell Samuel, Ad	ministrator		
	Medica	id Cost Reimbursen	nent Analysis	<u></u>	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



#### Florida Agency for Health Care Administration

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Medicaid Reimburseme	<u>ent Per Diem</u>	Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - W. Perrine Health Ctr W. Perrine Health Ctr			Provider Number: Date:		
17623 Homestead Avenue			Fiscal Y		N/A
Perrine, FL 33157			Audı	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			\$144.12	\$144.98	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Ty	ype:			
Budget	X Pro	spectiv	/e		
Unaudited costs			Prospective		
Desk audited costs	]	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Interi				
Medicare - Prospective X Payment System Rate		m tal Inte	erim		
Average Nursing Home Rate			nt based on costs		
			ydell Samuel, Ad aid Cost Reimbursen	ministrator	RV.
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - Naranja Health Center		Provider Number:		029572805
Narania Health Center			Date:	10/01/2012
13890 S.W. 264 Street		Fiscal Y		N/A
Homestead, FL 33030		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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 F	Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate Settleme		ent based on costs		
			,,,,,,	7./
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Brain & C. Copment.				•



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

17623 Homestead Avenue Fiscal Year End: N/A Homestead, FL 33157 Audit Status: N/A			
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Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$144.12	\$144.98	10/01/2012
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 Reimburseme	<u>ent Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - Everglades Health Center		Provider 1	Number:	029572809
Everglades Health Center		Date:		10/01/2012
19200 S.W. 380th Street		Fiscal Y		N/A
Florida City, FL 33030		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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 Prospe Field audited costs		ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate Settlement		t based on costs		
				RV
		dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				

Program Development:



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - S. Dade Health Center		Provider Number:		029572810
S. Dade Health Center			Date:	10/01/2012
13600 S.W. 312th Street		Fiscal Y		N/A
Homestead, FL 33090		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care		1		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			***************************************	
#658 Room and Board				
			enconcentration and the second	
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	pective Adjusted for New Costs		
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	·•		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad uid Cost Reimbursen	ministrator	R
For information Only ( No Change in rate)				



Medicaid Reimbursement Per Diem Rate	es for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - Naranja HC Dental Naranja HC Dental 10300 SW 216 Street Miami, FL 33190	Provider Number: Date: Fiscal Year End: Audit Status:		029572811 10/01/2012 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		-	4
Swing-Bed Provider			
X Federally Qualified Health Centers	\$144.12	\$144.98	10/01/2012
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 :			
Desk audited costs Field audited costs  Medicare - Prospective X Payment System Rate Total In	Prospective ective Adjusted for N	lew Costs	
	Rydell Samuel, Adcaid Cost Reimbursen	ministrator	



Medicaid Reimbursement Per	Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Community Health of South Florida - Everglades HC Dental Everglades HC Dental 10300 SW 216 Street Miami, FL 33190		Provider Number: Date: Fiscal Year End: Audit Status:		029572813 10/01/2012 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
Hospice Provider		į.			
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board			***************************************		
			The Williams		
Basis: R	ate Type :				
Desk audited costs Field audited costs  Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)					



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Community Health of South Florida - Laura S	Saunders Elem	Provider 1	Number: Date:	029572815 10/01/2012	
10300 SW 216 Street		Fiscal Y		N/A	
Miami, FL 33190		Audi	t Status:	N/A	
,					
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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	Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs	Turkanim				
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim			
Average Nursing Home Rate		ent based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		R	
For information Only (No Change in rate)					



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Community Health of South Florida - Homestea	ad Senior High			029572817 10/01/2012	
10300 SW 216 St		Fiscal Y		N/A	
Miami, FL 33190		Audi	t Status:	N/A	
Provider Type:	and the state of t	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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	Prospec	ctive Adjusted for New Costs			
Field audited costs	T-4i				
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim			
Average Nursing Home Rate		nt based on costs			
Distribution:		dell Samuel, Ad id Cost Reimbursen	ministrator	R	
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimburseme	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - Cope S	outh	Provider l	Number:	029572819
			Date:	10/01/2012
10300 SW 216 St		Fiscal Y	•	N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:	4.4.	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider			NA	
#651 Routine Home Care				
#652 Continuous Home Care			- 17	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			,,,,,,	
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Int	:		
Average Nursing Home Rate	Total Into	ent based on costs		
		ydell Samuel, Ad aid Cost Reimbursen		RV
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Hogiam Development.				
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - 307 S	St	Provider 1	Number:	029572821
			Date:	10/01/2012
15790 SW 307 Street		Fiscal Y		N/A
Homestead, FL 33035		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inte	erim  nt based on costs		
	Settleme	nt based on costs		_
	W. R	ydell Samuel, Ad	ministrator	RV
		aid Cost Reimbursen		
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>	
Community Health of South Florida - Maratho	on Health Center	Provider l		029572824	
			Date:	10/01/2012	
10300 S.W. 216th Street		Fiscal Year End: N/A			
Miami, FL 33190		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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	Prospective			
Desk audited costs	Prospec	ctive Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte	nerim ent based on costs			
	Settleffiel	tt based on costs		RV	
		dell Samuel, Ad			
	Medica	id Cost Reimbursen	nent Analysik		
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - Moto	on Elementary Sch	Provider 1	Number: Date:	029572826 10/01/2012
10300 S.W. 216th Street		Fiscal Y		N/A
			t Status:	N/A
Miami, FL 33190				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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		Prospective		
Desk audited costs	Prospe	ctive Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Frome Rate	Settlemen	nt based on costs		
		vdell Samuel, Ad	ministrator	RV
	1.134100			
<b>Distribution:</b>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
J				
For information Only ( No Change in rate)	)			



Medicaid Reimbursemen	it Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Community Health Center of S. Dade - Campb	ell Drive Middle			029572827 10/01/2012	
10300 S.W. 216th Street		Fiscal Y		N/A	
Miami, FL 33190		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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 New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate	Settlemen	t based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	R	
For information Only ( No Change in rate)					



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - Colonial	Drive Elem	Provider Number: Date:		029572828
10300 S.W. 216th Street		10.0		10/01/2012 N/A
Miami, FL 33190			t Status:	N/A
Mami, FL 33190			and the second s	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		T T T T T T T T T T T T T T T T T T T		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	Prospective		
Desk audited costs	Prospec	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		ent based on costs		
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursen	ient Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - H.A A	mmons Middle	Provider 1	Number: Date:	029572829 10/01/2012
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
		:		
Provider Type:	400000000000000000000000000000000000000	Current Rate	New Rate	Effective Date
Rural Health Clinic	······································			
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		nt based on costs		
<u><b>Distribution:</b></u> Fiscal Agent		/dell Samuel, Ad aid Cost Reimbursen	ministrator	R.
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Community Health of South Florida - Jane Roberts Elem		Provider Number: Date:		029572830 10/01/2012	
10300 S.W. 216th Street		Fiscal Y		N/A	
Miami, FL 33190		Audi	t Status:	N/A	
Provider Type:	ANNALONATION	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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 F	Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	erim ent based on costs			
		dell Samuel, Ad	- L	RV	
		nid Cost Reimbursen			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			, ,		
For information Only (No Change in rate)					



Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - Jo	ohn A. Ferguson Senior	Provider Number: Date:		029572831 10/01/2012
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cent	ers	\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		***************************************	AAAAAAA T	
Basis:	Rate Type :	,		
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
Y Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	t based on costs		
	W D.	dall Camaral Ad	mainint material	Ru
		dell Samuel, Ad id Cost Reimbursen		<u> </u>
			•	
<u>Distribution:</u>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
regium pereiopmenti				
For information Only ( No Change in a	rate)			



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - South Da	ade Senior	Provider l	Number: Date:	029572832
10300 S.W. 216th Street		Fiscal Year End:		10/01/2012 N/A
			t Status:	N/A N/A
Miami, FL 33190		1 1000	. Deaths	14/21
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			141444	
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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	Prospe	ctive Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
			1	RV
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbu	rsement Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - W	A. Chapman Elem	Provider 1	Provider Number: Date:	
10300 S.W. 216th Street	10300 S.W. 216th Street		ear End:	10/01/2012 N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	ers	\$144.12	\$144.98	10/01/2012
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	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
Y Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs	<b>20</b> 01	
	w. n		· · · · · · · · · · · · · · · · · · ·	RV
		ydell Samuel, Ad aid Cost Reimburser		<del>                                     </del>
	Micaic	aid Cost Reinibarser	nent zularysąs	
<u>Distribution:</u>				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Togram Development.				
For information Only ( No Change in r	ate)			



Medicaid Reimb	ursement Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - V	Vest Miami Middle	Provider 1	Number: Date:	029572835 10/01/2012
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
1411dilli, 1 15 33170				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				PALLY ALL SOME
Swing-Bed Provider				
X Federally Qualified Health Cen	ters	\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		<u> </u>		<u> </u>
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs		ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
Average Nuising Flome Rate	Settleme	nt based on costs		
			1	R/
	<u></u>	ydell Samuel, Ad		<del>                                     </del>
	Medic	aid Cost Reimburser	nent Analysis	•
Distribution:				
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>
Community Health of South Florida - Brado	dock Senior	Provider 1		029572837
10300 S.W. 216th Street		Fiscal Y	Date: ear End:	10/01/2012 N/A
Miami, FL 33190		Audi	t Status:	N/A
		G (B)	NI D	
Provider Type:	MARINE	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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			
Desk audited costs		rospective ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemer	t based on costs		
	W. Ry	dell Samuel, Ad	ministrator	RV
		id Cost Reimbursen		<b></b>
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>
Community Health of South Florida - Flagami Elem.		Provider Number:		029572852
		T. 1 **	Date:	10/01/2012
10300 SW 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		hanner mit. He till subminimizer of the subminimizer.		
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ective Adjusted for New Costs		
Field audited costs	* .			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate	<del></del>	nt based on costs		
Distribution:		dell Samuel, Ad id Cost Reimbursen		RV -
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



	Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>	
Community Health of S. Florida - Avocado Elem.		Provider Number: Date:		029572853 10/01/2012		
10300 SW 216t	h Street		Fiscal Y		N/A	
Miami, FL 33	3190		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Hea	alth Clinic					
Swing-Be	d Provider					
X Federally	Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
Hospice P	rovider					
	outine Home Care					
#652 Co	ontinuous Home Care					
#655 In	patient Respite Care	······				
	eneral Inpatient Care					
#658 Re	oom and Board					
. 44		4 /8 81 /44	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Basis:		Rate Type:				
Budge	t	X Prospectiv	ve			
Unaud	lited costs	X Total F	Prospective			
	udited costs	Prospe	ective Adjusted for New Costs			
	audited costs	*				
	are - Prospective ent System Rate	Interim Total Inte	roules.			
	e Nursing Home Rate	***************************************	nt based on costs			
<b>Distribution:</b> Fiscal Agent Contract Manag Permanent File Program Develo	gement opment:		ydell Samuel, Ad aid Cost Reimbursen	ministrator	R	
For inform	nation Only ( No Change in rate)					



Medicaid Reimburse	ment Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of S. Florida - Airbase Elem		Provider Number: Date:		029572854 10/01/2012
10300 SW 216 Street		Fiscal Y		N/A
Miami , FL 33190			t Status:	N/A
Wiami, FL 33190				·
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic	-			
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				,
#656 General Inpatient Care				
#658 Room and Board				- AND WAN
Basis:	Rate Type:	## ###		
Budget	X Prospectiv	J.P.		
Unaudited costs		Prospective		
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	erim  nt based on costs		
		ydell Samuel, Ad	ministrator	RV
		aid Cost Reimbursen		
			<b>J</b>	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



#### Florida Agency for Health Care Administration

#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursemen	ıt Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of S. Florida - FL City Eler	n	Provider 1	Number:	029572855
			Date:	10/01/2012
10300 SW 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:	AMIN'S AM	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care			100	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	and the second s	- 1	<b>—</b>	
	·			
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	T. Annatan			
Medicare - Prospective X Payment System Rate	Interim Total Int	arim		
Average Nursing Home Rate		nent based on costs		
- v				<b>7</b> ./
	<u>W. R</u>	ydell Samuel, Ad	ministrator	
	Medica	aid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt Per Diem F	Rates f	or Non-Institut	ional Provide	<u>rs</u>
Community Health of S. Florida - Homestead	Middle		Provider 1		029572856
				Date:	10/01/2012
10300 SW 216th Street			Fiscal Y		N/A
Miami, FL 33190			Audi	t Status:	N/A
Provider Type:		(	Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider		_			
X Federally Qualified Health Centers			\$144.12	\$144.98	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care			-		
#655 Inpatient Respite Care					
#656 General Inpatient Care		2			
#658 Room and Board		a, money constitution			
Basis:	Rate Typ	pe:			
Budget	X Prost	pective			
Unaudited costs		-	spective		
Desk audited costs	Pr	rospecti	ve Adjusted for N	lew Costs	
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate		al Interi	terim ent based on costs		
	Seur	lement	based oil costs		PV
	-		ell Samuel, Ad		
	M	<b>fedicaid</b>	Cost Reimbursen	nent Analysis	
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>
Community Health of S. Florida - McMillan Middle		Provider Number:		
		Fiscal Y	Date:	10/01/2012
10300 SW 216th Street				N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	N. At MA SANS SHOW			
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	t based on costs		
	•••		- L	R/
		dell Samuel, Ad		<u> </u>
	Medica	id Cost Reimbursen	nent Analysus	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of S. Florida - Perrine I	Elem	Provider 1		029572858
			Date:	10/01/2012
10300 SW 216th Street			ear End:	N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				44444
#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	Prospe	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	Settlemer	nt based on costs		
	W. D.	1110 1 1		RV
		ydell Samuel, Ad aid Cost Reimbursen	<del></del>	<del>                                     </del>
	Medica	nu Cost Kennoursei	iiciit Ailaiysip	
<b>Distribution:</b>				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
rogram bevelopment.				
For information Only ( No Change in rate)	)			



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of S Florida - Redondo Eler	m	Provider Number:		029572859
			Date:	10/01/2012
10300 SW 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		1		
#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 Into			
	Settlemen	nt based on costs		BBF TF Financial and a second and a second and a second at the FF LVW (s
	w R	dell Samuel, Ad	ministrator	RV
		id Cost Reimbursen		<del> </del>
TS 1 4 11 41				
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of S. Florida - Royal Green	Elem	Provider Number: Date:		029572868 10/01/2012
10300 SW 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	Audit Status: N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			***************************************	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte	•		
Average Nursing Home Rate		orini it based on costs		
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



#### Florida Agency for Health Care Administration

#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbur	sement Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of S Florida - South V	Wood Middle	Provider 1		029572870
			Date:	10/01/2012
10300 SW 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audı	t Status:	N/A
Provider Type:	***************************************	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	44.55.40			
X Federally Qualified Health Cente	rs	\$144.12	\$144.98	10/01/2012
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>v</i> e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
	W D	ydell Samuel, Ad	ministrator	RU
		aid Cost Reimbursen		<b></b>
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in ra	te)			



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
FL Community Health Ctrs- Okeechobee		Provider 1	Number:	029574400
			Date:	10/01/2012
4450 South Tiffany Drive		Fiscal Y		N/A
West Palm Beach,, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.29	\$119.00	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		1		
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 Nuising Home Rate	Settleme	nt based on costs		
	W. D.	1110	T	<b>R</b> <
		ydell Samuel, Ad nid Cost Reimburser		<del>                                     </del>
	Medica	ilu Cost Kelliloursei	nent Analysis	
<b>Distribution:</b>				
Fiscal Agent				•
Contract Management				
Permanent File Program Development:				
Togiam Development.				
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
FL Community Health Ctrs - Infectious Dise	ase Center	Provider 1	Number: Date:	029574401 10/01/2012
4450 South Tiffany Drive		Fiscal Y	ear End:	N/A
West Palm Beach,, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		[		
X Federally Qualified Health Centers		\$118.29	\$119.00	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				-
#656 General Inpatient Care		s 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Interim Total Inte	orim .		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		R
For information Only ( No Change in rate)				



Medicaid Reimbur	sement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
FL Community Health Centers - Clewisto	on	Provider 1	Number:	029574402
		****	Date:	10/01/2012
4450 South Tiffany Drive		Fiscal Y		N/A
West Palm Beach,, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cente	rs	\$118.29	\$119.00	10/01/2012
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:	ORIGINAL PROPERTY OF THE PROPE	A # ***	107
Dasis.	Kate Type.			
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
				RV
		dell Samuel, Ad		
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management		-		
Permanent File				
Program Development:				
For information Only (No Change in ra	te)			



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Florida Community Health Centers - Indianto	own	Provider 1	Number: Date:	029574403 10/01/2012
4450 South Tiffany Drive		Fiscal Y	ear End:	N/A
West Palm Beach,, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.29	\$119.00	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			s-pri regista	
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate	*** * * * * * * * * * * * * * * * * *	it based on costs		
		dell Samuel, Ad		Pr
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbur	sement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Florida Community Health Centers - Ft P	ierce	Provider 1	Date:	029574404 10/01/2012
4450 South Tiffany Drive			ear End:	N/A
West Palm Beach,, FL 33407		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$118.29	\$119.00	10/01/2012
Hospice Provider	1224444444			
#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	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inte	erim nt based on costs		
	-	dell Samuel, Ad	· L	RV
		aid Cost Reimburser		
	<del> </del>			
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in ra	te)			



Medicaid Reimburse	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Florida Community Health Centers - Lakes	shore Medical	Provider 1	Number: Date:	029574406 10/01/2012
4450 South Tiffany Drive			ear End:	N/A
West Palm Beach,, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	3	\$118.29	\$119.00	10/01/2012
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	Todanina			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		it based on costs		
<u><b>Distribution:</b></u> Fiscal Agent		vdell Samuel, Ad id Cost Reimburser		RV.
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate	·)			



Medicaid Reimbursement Per	Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Florida Community Health Center - 103 NE 19th Dr		Provider 1	Date:	029574414 10/01/2012
4450 S. Tiffany Drive			ear End:	N/A
West Palm Beach, FL 33407		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.29	\$119.00	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	1			
#658 Room and Board	****			
Basis: Ra	te Type:			
Budget X	Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim it based on costs		
<u>Distribution:</u> Fiscal Agent Contract Management		dell Samuel, Ad id Cost Reimbursen	ministrator	
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
FL Community Health Ctrs- North Palm Beach		Provider 1	Number: Date:	029574416 10/01/2012
4450 S. Tiffany Drive		Fiscal Y		N/A
West Palm Beach, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.29	\$119.00	10/01/2012
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:	1771		
Budget	X Prospectiv	⁄e		
Unaudited costs	·······	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Inte	rim it based on costs		
	W. Ry	dell Samuel, Ad		RV
Distribution:				
Fiscal Agent 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>
FL Community Health Centers - Pahokee		Provider 1		029574418
		E'1 37	Date:	10/01/2012
4450 S. Tiffany Drive		Fiscal Y	ear End: t Status:	N/A
West Palm Beach, FL 33407		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			element () ) () () ()	1
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.29	\$119.00	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	444444			
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settleme	nt based on costs		
			1	RV
		dell Samuel, Ad	ministrator	
	Medica	aid Cost Reimbursen	nent Analysis	-
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



#### Florida Agency for Health Care Administration

#### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
FL Community Health Center - Moore Have	n	Provider 1	Number: Date:	029574420 10/01/2012
4450 S. Tiffany Drive		Fiscal Y	ear End:	N/A
West Palm Beach, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			***************************************	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.29	\$119.00	10/01/2012
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	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Int			
Average Nursing Home Rate		nt based on costs		
	***************************************	ydell Samuel, Ad aid Cost Reimbursen	ministrator	RV.
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Provider N Fiscal Ye Audi ent Rate	Date:	060551401 10/01/2012 N/A N/A Effective Date
ent Rate	New Rate	N/A Effective Date
5111.06	\$111.73	10/01/2012
5111.06	\$111.73	10/01/2012
5111.06	\$111.73	10/01/2012
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ve		
	ew Costs	
on costs		
muel, Ad	ministrator	R
(	on costs	• • • • • • • • • • • • • • • • • • • •



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Bond Community Health Assoc West Orang	ge	Provider Number:		060551402
		Date:		10/01/2012
1720 S. Gadsden St.				N/A
Tallahassee, Fl 32310		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$111.06	\$111.73	10/01/2012
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	Prospective		
Desk audited costs	Prospec	ective Adjusted for New Costs		
Field audited costs	Turkenitas			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
Distribution:	***************************************	dell Samuel, Ad		R.
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Togram Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Bond Community Health Center		Provider 1	Number: Date:	060551404 10/01/2012
1720 S. Gadsden St.		Fiscal Y		N/A
Tallahassee, FL 32310		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$111.06	\$111.73	10/01/2012
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	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Intorim			
X Payment System Rate	Interim Total Inte	erim		
Average Nursing Home Rate	<del></del>	nt based on costs		
<u><b>Distribution:</b></u> Fiscal Agent	***************************************	/dell Samuel, Ad iid Cost Reimbursen		RV
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



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

Bond Community Health Clinic	Provider Number:	060551405
THA Health Center at Joe Louis	Date:	10/01/2012
1720 S. Gadsden Street	Fiscal Year End:	N/A
Tallahassee, FL 32301	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$111.06	\$111.73	10/01/2012
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	X Prospective X Total Prospective Prospective Adjusted for New Costs
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Camillus Health Concern, Inc.		Provider 1		680002500
and all Williams		Fiscal Y	Date:	10/01/2012
336 N.W. Fifth Street			t Status:	N/A N/A
Miami, FL 33128		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		_		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			····	
#656 General Inpatient Care		1		
#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			
	Settlemen	nt based on costs		<del></del>
	W. Ry	dell Samuel, Ad	ministrator	Fr
		nid Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File	•			
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	<u>it Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	rs
Salvation Army-Camillus Health Concern		Provider Number:		680002505
Salvation Army		Date:		10/01/2012
336 NW 5th Street		Fiscal Y		N/A
Miami, FL 33128		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			, E 48 PA pa	)))
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	Tooksalaa			
Medicare - Prospective Interim X Payment System Rate Total Interim				
Average Nursing Home Rate		nt based on costs		
		(N) 14 or a 14		
	W. Ry	dell Samuel, Ad	i i	RV
		id Cost Reimbursen		
District and				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				

For information Only (No Change in rate)



Medicaid Reimbursen	ent Per Diem Rat	es for Non-Institut	ional Provide	rs	
Camillus Health Concern - Camillus House		Provider 1	Number:	680002506	
Camillus House			Date:	10/01/2012	
336 NW 5th Street			ear End:	N/A	
Miami, FL 33128		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	4	\$144.12	\$144.98	10/01/2012	
Hospice Provider					
#651 Routine Home Care	- Annana				
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board	***		THE STATE OF THE S		
		4 46 9-7			
Basis:	Rate Type				
Budget	X Prospect	ive			
Unaudited costs			Prospective		
Desk audited costs	Prosp	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective  Interim					
X Payment System Rate	Total Ir	terim			
Avenue a Namine Henry Date		ent based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. E Medi	Rydell Samuel, Ad caid Cost Reimburser	lministrator	P	
For information Only (No Change in rate)					



Tallahassee, Florida 32308

<u>Medicaid Reimburser</u>	<u>nent Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Camillus - Better Way of Greater Miami Better Way of Greater Miami 336 NW 5th Street Miami, FL 33128		Provider Number: Date: Fiscal Year End: Audit Status:		680002508 10/01/2012 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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 Field audited costs	Prospe	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settleme	ent based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen	ministrator	Pr
For information Only (No Change in rate)				



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

Camillus - Mother Theresa Sister of Charity	Provider Number:	680002510
Mother Theresa Sister of Charity	Date:	10/01/2012
336 NW 5th Street	Fiscal Year End:	N/A
Miami, FL 33128	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$144.12	\$144.98	10/01/2012
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	X Prospective X Total Prospective Prospective Adjusted for New Costs
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	InterimTotal InterimSettlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Treasure Coast Community Health - Fellsmere		Provider Number: 68000500		680005000
Fellsmere		Date: 10/01/2012		10/01/2012
12196 CR 512		Fiscal Y	ear End:	N/A
Fellsmere, FL 32948		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	***************************************	\$136.30	\$137.12	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		nanananananananananananananananananana		
#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	T	ective Adjusted for New Costs		
Field audited costs	-			
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	t based on costs		• ***
-		dell Samuel, Ad id Cost Reimbursen		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>	
Treasure Coast Community Health - Vero		Provider Number:		680005001	
1210 ( CD 512		Fiscal Y	Date:	10/01/2012	
12196 CR 512			t Status:	N/A N/A	
Fellsmere, FL 32948	_	Audi	t Status.	1N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$136.30	\$137.12	10/01/2012	
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 I	Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
X Payment System Rate Average Nursing Home Rate	Total Int	nterim ent based on costs			
	Settleme	nt based on costs		P. (V. A.	
	W. R	ydell Samuel, Ad	ministrator	K	
		aid Cost Reimbursen		<del>!</del>	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Treasure Coast Community Health - Vero2		Provider Number: 680005002 Date: 10/01/2012			
12196 County Rd. 512		Fiscal Y	ear End: it Status:	N/A	
Fellsmere, FL 32948		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			***************************************		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$136.30	\$137.12	10/01/2012	
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:	74.14.4.			
Budget	X Prospectiv	/e			
Unaudited costs	X Total F	Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Into	nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad aid Cost Reimbursen	lministrator	R	
For information Only (No Change in rate)	)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers					
Treasure Coast Community Health, Inc Sebastian	Provider Number: Date:		680005006 10/01/2012		
12196 County Road 512	Fiscal Year End:		N/A		
Fellsmere, FL 32948	Audi	t Status:	N/A		
rensmere, re 32946					
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	\$136.30	\$137.12	10/01/2012		
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				
<del></del> ·	ctive Adjusted for N	lew Costs			
Field audited costs  Medicare - Prospective  Interim					
X Payment System Rate Total Int	erim				
Average Nursing Home Rate Settleme	nt based on costs				
	ydell Samuel, Ad aid Cost Reimbursen	ministrator			
For information Only ( No Change in rate)					



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Treasure Coast Comm. Health, Inc. Fellsmere	2	Provider Number: Date:		680005008 10/01/2012
12196 County Road 512		Fiscal Y	ear End:	N/A
Fellsmere, FL 32948		Audi	t Status:	N/A
•				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$136.30	\$137.12	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			TAMAMADON.	
#656 General Inpatient Care				
#658 Room and Board				
44 15 1		od /		
Basis:	Rate Type :	•		
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		ent based on costs		
		dell Samuel, Ad		R
Tr. 11 (1)			* *	
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>	
Broward Community FH - State Road # 7		Provider 1		680027100	
		Date: 10/01/2		10/01/2012	
2518 N. State Rd. 7			ear End:	N/A	
Hollywood, FL 33021		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$140.11	\$140.95	10/01/2012	
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 :			7	
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Int	ent based on costs			
				 R/	
		ydell Samuel, Ad			
	Medic	aid Cost Reimburser	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Hogiam Development.					
For information Only (No Change in rate)					



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Broward Community FH - North Powerline Ro	oad	Provider 1	Number: Date:	680027102 10/01/2012
168 North Powerline Road		Fiscal Y	ear End:	N/A
Pompano Beach, FL 33069		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$140.11	\$140.95	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	771111111111111111111111111111111111111			
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 X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate		t based on costs  dell Samuel, Ad	lministrator	RV
	Medica	id Cost Reimburser	nent Analysik	£
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per	Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Broward Community & Family Health - West Park		Provider Number: Date:		680027104 10/01/2012	
5010 Hollywood Blvd., Ste 100B		Fiscal Y		N/A	
Hollywood, FL 33021		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$140.11	\$140.95	10/01/2012	
Hospice Provider					
#651 Routine Home Care	*******				
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	ate Type :				
Budget X	Prospectiv	/e			
Unaudited costs	<del></del>	Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Internal	terim			
Average Nursing Home Rate		nt based on costs			
		dell Samuel, Ad	ministrator	R	
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimburseme	nt Per Diem Ra	ates for Non-Institut	ional Provide	<u>rs</u>
Manatee Rural County Health Ser - Arcadia Fl	НС	Provider 1	Provider Number: 68099  Date: 10/01/	
P.O. Box 499		Fiscal Y	ear End:	10/01/2012 N/A
Parrish, FL 34219		Audi	it Status:	N/A
Turibil, 115 5 1217			AMMERICANI	
Provider Type:	20 A 1000	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.65	\$119.36	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	**************************************	<u> </u>	****	
Basis:	Rate Type	e:		
Budget	X Prospe	ective		
Unaudited costs	X Tot	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		ment based on costs		
		Rydell Samuel, Addicaid Cost Reimburser		R
Distribution				
<u>Distribution:</u> Fiscal Agent				
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>	
Central Florida Health Care - Hwy 542		Provider Number:		681471900	
			Date:	10/01/2012	
950 CR 17A West		Fiscal Y		N/A	
Avon Park, Fl 33825		Audı	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			***************************************		
Swing-Bed Provider		1			
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board			P. Prode		
Basis:	Rate Type :				
Budget	X Prospectiv	/e			
Unaudited costs	_	rospective			
Desk audited costs		ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
Y Payment System Rate	Total Inte				
Average Nursing Home Rate	Settlemen	nt based on costs			
			1	R <sub>V</sub>	
		dell Samuel, Ad			
	Medica	id Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Community Health Centers, Inc Eatonville	Med/Dent Center	Provider Number:		681969900	
P.O. Box 4099		Fiscal Y	Date: ear End:	10/01/2012 N/A	
			t Status:	N/A	
Apopka, Fl 32704				14/22	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		Andrew Andrews			
Swing-Bed Provider					
X Federally Qualified Health Centers		\$136.85	\$137.67	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
	month distributes acceptable. We will be compared a graphestic color of all standards standards.				
Basis:	Rate Type:			and the second	
Budget	X Prospectiv	re			
Unaudited costs		Prospective			
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	ent based on costs			
	•			 R/	
	***************************************	dell Samuel, Ad	***************************************	<u> </u>	
	Medica	id Cost Reimbursen	nent Analysus	•	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
O					
For information Only ( No Change in rate)					



	Medicaid Reimburs	ement Per Diem Rat	es for Non-Institut	ional Provide	r <u>s</u>	
Central Florida Family Health Center, Inc Hoffner		Provider l	Provider Number:			
		D' 137	Date:	10/01/2012		
5449 South Semo	ran Blvd.		Fiscal Y		N/A	
Orange, FL 32822		Audi	t Status:	N/A		
Provider Type:			Current Rate	New Rate	Effective Date	
Rural Heal	th Clinic					
Swing-Bed	Provider					
X Federally Q	ualified Health Center	S	\$107.52	\$108.17	10/01/2012	
Hospice Pro	ovider					
#651 Rou	tine Home Care	4				
#652 Con	tinuous Home Care					
#655 Inpa	atient Respite Care					
#656 General Inpatient Care						
#658 Roo	m and Board					
				with the state of		
Basis:		Rate Type	:			
Budget		X Prospect	tive			
Unaudite	ed costs	X Total	Prospective			
	lited costs	Prosp	ective Adjusted for New Costs			
-	lited costs					
	e - Prospective	Interim				
	System Rate Nursing Home Rate	Total Ir	nterim nent based on costs			
		Seutem	ent based on costs			
		W. I	Rydell Samuel, Ad	ministrator		
		Medi	caid Cost Reimbursen	nent Analysis		
Distribution.						
Distribution: Fiscal Agent						
Contract Manager	nent					
Permanent File						
Program Develop	ment:					
For informa	tion Only (No Change in rate	e)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Tampa Community Health Center - Mobile Medical Center		Provider Number: Date:		683710700 10/01/2012
P.O. Box 82969		Fiscal Y	ear End:	N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$119.13	\$119.84	10/01/2012
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			
Unaudited costs  Desk audited costs		Prospective ective Adjusted for New Costs		
Field audited costs	Trospe	ective Adjusted for New Costs		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
		dell Samuel, Ad	ministrator,	P.
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>	
Collier Health Services - Golden Gate Dental		Provider 1		683955000	
		77. 1.77	Date:	10/01/2012	
P.O. Box 12229		Fiscal Y		N/A	
Naples, FL 34101		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
			- APPROVED BANK IN SANSA		
Basis:	Rate Type:				
Budget	X Prospectiv	ve .			
Unaudited costs	X Total P	rospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate		Total Interim			
	Settlemen	nt based on costs			
	W. Ry	dell Samuel, Ad	ministrator	g v	
	Medica	id Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Collier Health Services - Horizon PCC		Provider 1		683955003
		T' 1 37	Date:	10/01/2012
P.O. Box 12229			ear End: t Status:	N/A
Naples, FL 34101		Audi	it Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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 X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		nt based on costs		
ANALY DE VIEW		vdell Samuel, Ad	ministrator	R/
	***************************************	aid Cost Reimbursen		
			<b>√ų</b>	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Die	m Rates	for Non-Institut	ional Provide	<u>rs</u>	
Collier Health Services - Creekside Pediatrics			Provider 1	Number:	683955005	
				Date:	10/01/2012	
P. O. Box 12229			Fiscal Y		N/A	
Naples, FL 34101			Audi	t Status:	N/A	
Provider Type:			Current Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers			\$144.12	\$144.98	10/01/2012	
Hospice Provider			4			
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care					ì	
#656 General Inpatient Care						
#658 Room and Board						
				·		
Basis:	Rate '	Гуре:				
Budget	<b>X</b> P	rospectiv	e			
Unaudited costs	X	Total P	Prospective			
Desk audited costs		Prospec	ective Adjusted for New Costs			
Field audited costs	• .					
Medicare - Prospective X Payment System Rate		erim Fotal Inte				
Average Nursing Home Rate			ent based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			dell Samuel, Ad id Cost Reimbursen	ministrator	R.	
For information Only ( No Change in rate)						



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Collier Health Services - Ronald McDonald		Provider 1	683955006 10/01/2012		
P. O. Box 12229		Fiscal Ye		N/A	
Naples, FL 34101		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider		a a a a a a a a a a a a a a a a a a a			
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
			<b></b>		
Basis:	Rate Type :				
Budget	X Prospectiv	/e			
Unaudited costs		rospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settlemer	nt based on costs			
Distribution:		vdell Samuel, Ad uid Cost Reimbursen	ministrator		
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursem	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>	
Collier Health Services, Inc - Countryside Childrens Dental		Provider Number: Date:		683955010 10/01/2012	
1454 Madison Avenue		Fiscal Year End:		N/A	
		<del>-</del> <del>-</del>	it Status:	N/A	
Imokalee, FL 33934				1 1/1 2	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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:			W C TO THE CONTROL OF	
Budget	X Prospectiv	ve			
Unaudited costs	X Total F	Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Into				
Average Nursing nome Kate	Settleme	nt based on costs			
	W D	ydell Samuel, Ad	ministrator	RY	
		aid Cost Reimburser		<del> </del>	
		± === ================================			
<u>Distribution:</u>					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
1.05.um Development.					
For information Only (No Change in rate)					



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Collier Health Services, Inc FSU Primary Ca	are	Provider 1	Number: Date:	683955012 10/01/2012	
1454 Madison Avenue		Fiscal Y		N/A	
Imokalee, FL 33934		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012	
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		Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs	T., 4				
Medicare - Prospective X Payment System Rate	Interim Total Inte	eim.			
Average Nursing Home Rate		nt based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:		•			
For information Only ( No Change in rate)					



	Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Collier Health Ser	vices		Provider 1	Number:	683955014	
UF Pediatric Denta	l Center			Date:	10/01/2012	
1454 Madison Ave	e W		Fiscal Y		N/A	
Immokalee, FL	34142	Audit Status: N/A			N/A	
Provider Type:			Current Rate	New Rate	Effective Date	
Rural Health	Clinic					
Swing-Bed P	rovider					
X Federally Qu	nalified Health Centers		\$144.12	\$144.98	10/01/2012	
Hospice Prov	vider			***************************************		
#651 Rout	ine Home Care					
#652 Cont	inuous Home Care					
#655 Inpat	tient Respite Care					
#656 Gene	ral Inpatient Care					
#658 Roon	n and Board					
			200 TV 100 TV 10			
Basis:		Rate Type :				
Budget		X Prospectiv	re			
Unaudited	costs	X Total P	Prospective			
Desk audi		Prospec	pective Adjusted for New Costs			
Field audit		• . •				
	- Prospective	Interim Total Inte	vin			
	ursing Home Rate	***************************************	ent based on costs			
Distribution: Fiscal Agent Contract Managem Permanent File Program Developm			dell Samuel, Ad id Cost Reimbursen		R	
For informati	on Only ( No Change in rate)					



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Collier Health Services		Provider 1	Number:	683955017
Creekside Family Practice			Date:	10/01/2012
PO Box 12229		-	ear End:	N/A
Naples, FL 34101		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			THE VIEW ASSESSMENT OF THE PROPERTY OF THE PRO	
Basis:	Rate Type:			
Budget	X Prospecti	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	<b>T</b>			
Medicare - Prospective X Payment System Rate	Interim Total Inte	vin		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad id Cost Reimbursen	ministrator	R
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Florida Community Health Centers - St Lucie		Provider Number: Date:		684660200 10/01/2012
4450 South Tiffany Drive		Fiscal Y		N/A
West Palm Beach, FL 32407		Audi	t Status:	N/A
	unicanica control di Affrodo. Affrontia Properti alla e	Current Rate	New Rate	Effective Date
Provider Type:		Current Nate	new Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			MICHAEL CONTRACTOR OF THE CONT	
X Federally Qualified Health Centers		\$118.29	\$119.00	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	one and discharge a separation of a service			
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
	W. R	dell Samuel, Ad	ministrator	R
		nid Cost Reimbursen		<del></del>
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	<u>ional Provide</u>	<u>rs</u>	
Florida Community Health Centers - Hillm	noor Dr.	Provider Number: Date:		684660202 10/01/2012	
1701 S.E. Hillmoor Dr. Suite 19		Fiscal Year End:		N/A	
Port St. Lucie, FL 34952		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	3	\$118.29	\$119.00	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care		1			
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type :		797 : 1	200 - 21 Assessment	
Budget	X Prospectiv	⁄e			
Unaudited costs		1 Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs	Tukantan				
Medicare - Prospective X Payment System Rate	Interim Total Inte	nterim			
Average Nursing Home Rate		ent based on costs			
Distribution: Fiscal Agent Contract Management Permanent File		dell Samuel, Ad id Cost Reimbursen		R	
Program Development:					
For information Only ( No Change in rate	)				



Medicaid Reimbursem	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
North Florida Medical Center, Inc Taylor Dental Center Taylor Dental Clinic		Provider Number: Date:		684783800 10/01/2012
409 East Ash Street Taylor Dental Center		Fiscal Y		N/A
Perry, FL 32347		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		!		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$103.20	\$103.82	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		!		
#658 Room and Board		1		
Basis:	Rate Type:			
Budget	X Prospective	/e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		10-11-1-1
		ydell Samuel, Ad aid Cost Reimbursen		P
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>
I.M. Solzbacher Ctr for the Homeless		Provider 1	Number:	686032000
		<b></b>	Date:	10/01/2012
611 E. Adams St		Fiscal Y		N/A
Jacksonville, FL 32202		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$114.93	\$115.62	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	-2			
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	eriiii nt based on costs		
·		dell Samuel, Ad		R
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>
I.M. Solzbacher		Provider 1	686032002	
Beaches Community Healthcare			Date:	10/01/2012
611 E. Adams Street		Fiscal Y		N/A N/A
Jacksonville, FL 32202			Audit Status:	
Provider Type:	111111111111111111111111111111111111111	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$114.93	\$115.62	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	# 4/ PROPERTY AND ADMINISTRATION OF THE PROPERTY AN			
			411111100000000000000000000000000000000	
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	X Total Prospective			
Desk audited costs	Prospective Adjusted for New Costs			
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Interim Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File		dell Samuel, Ad		R
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
St. Joseph Care of Florida - Garrison Ave			Provider Number: Date:		
2475 Garrison Avenue		Fiscal Y		10/01/2012 N/A	
Port St. Joe, FL 32546			Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$100.33	\$100.93	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		f • • • • • • • • • • • • • • • • • • •			
Basis:	Rate Type:				
Budget	X Prospectiv	⁄e			
Unaudited costs		rospective			
Desk audited costs	Prospective Adjusted for New Costs				
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim Total Interim				
Average Nursing Home Rate	Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad aid Cost Reimbursen	ministrator	R	
For information Only (No Change in rate)					



Medicaid Reimburse	ment Per D	iem Rates	for Non-Institut	ional Provide	<u>rs</u>
St. Joseph Care of Florida - Lake Avenue			Provider 1		686728602
			Eleval V	Date:	10/01/2012
2475 Garrison Avenue			Fiscal Y	ear End: t Status:	N/A
Port St. Joe, FL 32546			Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			\$100.33	\$100.93	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care			; [		
#658 Room and Board					
Basis:	Rate	e Type :		A 10	
Budget	X	Prospectiv	re		
		Prospective			
		ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	I1	nterim			
X Payment System Rate Total Interpretation Average Nursing Home Rate Settlement					
Average Nursing Frome Rate	**************************************	Settlemen	t based on costs		
		***		K	R/
			dell Samuel, Ad id Cost Reimbursen		<u> </u>
		Medica	id Cost Reillibursen	nent Analysis	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
110grum Development.					
For information Only (No Change in rate)	ı				



Medicaid Reimbursem	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
St. Joseph Care of Florida - Fourth Street		Provider Number: Date:		686728604 10/01/2012
2475 Garrison Avenue		Fiscal Y	N/A	
Port St. Joe, FL 32546		Audi	t Status:	N/A
·		<u></u>		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$100.33	\$100.93	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			1 444 .c. 7 % 4 daddag	
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs	-	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nuising Home Rate	Settlemen	nt based on costs		
	W Ry	dell Samuel, Ad	ministrator	RY
		id Cost Reimbursen		<del>                                     </del>
<u>Distribution:</u>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
<del>0</del>				
For information Only (No Change in rate)				



Medicaid Reimbursement P	er Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Health Care Centers for Homeless - Westmoreland		Provider Number:		687429100	
		Date:		10/01/2012	
234 N. Orange Blossom Trail		Fiscal Y		N/A	
Orlando, FL 32805		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$133.55	\$134.35	10/01/2012	
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	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
Average Nursing Home Rate	Settlemer	nt based on costs			
			- h	RY	
		dell Samuel, Ad		<u> </u>	
	Medica	nid Cost Reimbursen	nent Analysis	•	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Health Care Centers for Homeless - Parramore		Provider Number:		687429102
		Eineal V	Date:	10/01/2012
234 N. Orange Blossom Trail			ear End: it Status:	N/A
Orlando, FL 32805		Audi	it Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$133.55	\$134.35	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		1		
#658 Room and Board				
Basis:	Rate Type :			VARIANCE LE . INCOMPANIE
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	ent based on costs		
		dell Samuel, Ad	lministrator	RY
		id Cost Reimburser		<del></del>
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	<u>ional Provide</u>	<u>rs</u>	
Northeast Florida Health Svc - Pierson Medical Center		Provider Number: Date:		687955100 10/01/2012	
PO Box 527		Fiscal Y		N/A	
Pierson, FL 32180		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$114.93	\$115.62	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care			anidonidonido establica		
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board				100	
	THE PAR (ALE				
Basis:	Rate Type:				
Budget	X Prospectiv	ve			
Unaudited costs	X Total P	Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
	Settlemei	nt based on costs		-	
	W. Ry	dell Samuel, Ad		R	
	Medica	id Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Northeast Florida Health Svcs - West Plym	outh Ave	Provider 1	Number:	687955102
			Date:	10/01/2012
PO Box 527		Fiscal Y		N/A
Pierson, FL 32180		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$114.93	\$115.62	10/01/2012
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 New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average (vursing Frome Rate		t based on costs	ministrator	
		id Cost Reimbursen		<del>                                     </del>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)	•			



Medicaid Reimbursement Per Diem Rates Northeast Florida Health Services, Inc Deltona		for Non-Institutional Provide Provider Number:		<u>rs</u> 687955104
			Date:	10/01/2012
PO Box 527		Fiscal Y	ear End:	N/A
Pierson, FL 32180		Audi	it Status:	N/A
Provider Type:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$114.93	\$115.62	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	-			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	1100 V 112 W		****	
Basis:	Rate Type :			
D. L.				
Budget Unaudited costs	X Prospectiv	rospective		
Desk audited costs		ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		***************************************
	W Px	dell Samuel, Ad	ministrator	RY
		id Cost Reimburser		<del> </del>
Distribution			·	
<u>Distribution:</u> Fiscal Agent				
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>
Pinellas County Board-Mobile Med Unit		Provider Number:		688412100
(47.1 · A N )		Date: 10/01/201 Fiscal Year End: N/A		
647 1st Ave. North			t Status:	N/A N/A
St. Petersburg, FL 33701		Audi	N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic	Maanidaanidaanidaanidaani			
Swing-Bed Provider				
X Federally Qualified Health Centers		\$107.31	\$107.95	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	***************************************			Was an interest
				·
Basis:	Rate Type:			
Budget	X Prospective	⁄e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	T., 4			
Medicare - Prospective X Payment System Rate	Interim Total Inte	i.		
Average Nursing Home Rate		nt based on costs		
	regregation on the control of the co	/dell Samuel, Ad	ministrator	R/
		id Cost Reimburser		<del> </del>
<u>Distribution:</u>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt Per I	Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Citrus Health Network			Provider 1	688571300	
			1	Date:	10/01/2012
4175 W. 20th Avenue			Fiscal Y		N/A
Hialeah, FL 33012			Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			\$133.04	\$133.84	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
			· American New Yorks April 1997 propage common comm		
Basis:	Ra	te Type :			
Budget	X	Prospectiv	re		
Unaudited costs	X	Total P	rospective		
Desk audited costs		Prospe	ctive Adjusted for N	lew Costs	
Field audited costs		Torre of or			
Medicare - Prospective X Payment System Rate		Interim Total Inte	rim		
Average Nursing Home Rate		<del></del>	nt based on costs		
			***************************************		7/
		W. Ry	dell Samuel, Ad	ministrator	
		Medica	id Cost Reimburser	nent Analysis	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
rrogram Development.					
For information Only ( No Change in rate)					



Citrus Health Network		Provider	Provider Number:	
			Date:	
551 West 51st Street Place, Second Floor			Year End:	N/A
Hialeah, FL 33012		Auc	lit Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$133.04	\$133.84	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate T	ype:		
Budget	X Pro	spective		
Unaudited costs	<u>X</u>	Total Prospective		
Desk audited costs		Prospective Adjusted for	New Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interi			
		otal Interim		
Average Nursing Home Rate		ttlement based on costs		<del></del>
		W. Rydell Samuel, A	dministrator	
		Medicaid Cost Reimburse	ment Analysis	<b>v</b>
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Program Development.				



Medicaid Reimburseme	ent Per Diem Ra	tes for Non-Institut	ional Provide	<u>rs</u>	
Citrus Health Network		Provider l	Number:	688571304	
			Date:	10/01/2012	
4175 W. 20th Ave.		Fiscal Y		N/A	
Hialeah, FL 33012		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$133.04	\$133.84	10/01/2012	
Hospice Provider					
#651 Routine Home Care		į.			
#652 Continuous Home Care				ve energy	
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
	* NATO*/W/W/MINISONONIONIONIONIONIONIONIONIONIONIONIONION				
Basis:	Rate Type	:			
Budget	X Prospe	ctive			
Unaudited costs		Prospective			
Desk audited costs	Pros	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim	nterim			
Average Nursing Home Rate	***************************************	nterim nent based on costs			
	<u>W</u> .	Rydell Samuel, Ad	ministrator	R	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



<u>Medicaid Reimbur</u>	sement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Citrus Health Network, Inc.		Provider Number:		688571306	
		D' 137	Date:	10/01/2012	
4175 West 20th Ave.		Fiscal Y	ear End: t Status:	N/A	
Hialeah, FL 33012		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
X Federally Qualified Health Cente	rs	\$133.04	\$133.84	10/01/2012	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care			THE WILLIAM	***************************************	
#658 Room and Board					
Basis:	Rate Type:				
Budget	X Prospectiv	⁄e			
Unaudited costs	X Total P	Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs	T., 4				
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim			
Average Nursing Home Rate		ettlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimburser	X-L	R	
For information Only ( No Change in ra	ite)				



Medicaid Reimbursen	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
The Brevard Health Alliance, Inc		Provider Number:		688693100
5270 D. L L. G. N.E.		Fiscal Y	Date: ear End:	10/01/2012 N/A
5270 Babcock St NE			t Status:	N/A N/A
Palm Bay, FL 32905				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				_
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.87	\$136.69	10/01/2012
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 Average Nursing Home Rate	Total Inte			
Average Nuising Home Rate	Settlemer	t based on costs		
		dell Samuel, Ad	ministrator	R
	Medica	id Cost Reimbursen	nent Analysis	l
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers						
The Brevard Health All	liance - Hickory			Provider 1	Number: Date:	688693102 10/01/2012
17 Silver Palm Ave.				Fiscal Y	ear End:	N/A
Melbourne, FL 32901	l			Audi	t Status:	N/A
Provider Type:				Current Rate	New Rate	Effective Date
Rural Health Cli	inic					
Swing-Bed Provi	ider					
X Federally Qualif	ied Health Centers			\$135.87	\$136.69	10/01/2012
Hospice Provide	r					
#651 Routine l	Home Care					
#652 Continuo	ous Home Care					
#655 Inpatient	t Respite Care					
#656 General l	Inpatient Care					
#658 Room an	d Board	4-44				
Basis:		Rate	e Type:			
Budget		X	Prospectiv	re		
Unaudited costs		X		Prospective		
Desk audited co			_ Prospec	ective Adjusted for New Costs		
Field audited co						
Medicare - Pros X Payment System		Ir	nterim Total Inte			
Average Nursing			-	nt based on costs		
Distribution:				dell Samuel, Ad	ministrator	R
Fiscal Agent						
Contract Management Permanent File						
Program Development:						
For information O	nly ( No Change in rate)					



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
The Brevard Health Alliance - County Clinic		Provider l	Number: Date:	688693106 10/01/2012
15 Rosa L. Jones Drive		Fiscal Y		N/A
Cocoa, FL 32922		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				TO THE REAL PROPERTY OF THE PR
X Federally Qualified Health Centers		\$135.87	\$136.69	10/01/2012
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 :	***************************************	V-0.04	had a second sec
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim it based on costs		
	W. Ry	dell Samuel, Ad		R
	Medica	id Cost Reimbursen	nent Analysus	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 togram Development.				
For information Only (No Change in rate)				



<u>Medicaid Reimburse</u>	ment Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
The Brevard Health Alliance - Mobile Unit		Provider Number:		688693108
		Fige 1 V	Date:	10/01/2012
15 Rosa L. Jones Drive		Fiscal Y	ear End: t Status:	N/A
Cocoa, FL 32922		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.87	\$136.69	10/01/2012
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	Prospe	pective Adjusted for New Costs		
Field audited costs	<del></del>			
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settleme	nt based on costs	· · · · · · · · · · · · · · · · · · ·	
	W.D.		1	R/
		ydell Samuel, Ad aid Cost Reimbursen		
	Medica	ilu Cost Kennoursen	nem Anarysıs	
<b>Distribution:</b>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	nt Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
The Brevard Health Alliance		Provider Number:		688693110
				10/01/2012
705 Blake Ave, Ste G		Fiscal Y		N/A
Cocoa, FL 32922		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.87	\$136.69	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	ALAMAN, I M. A.M.			
		14.30.30.30	27	**************************************
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	<b>.</b>			
Medicare - Prospective X Payment System Rate	Interim	. •		
Average Nursing Home Rate	Total Inte	erim at based on costs		
	W. Ry	ydell Samuel, Ad	<del></del>	RY
	Medica	nid Cost Reimbursen	nent Analysis	l
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per <u>Diem</u>	Rates	for Non-Institut	ional Provide	<u>rs</u>
The Brevard Health Alliance - N. Washington	Ave		Provider ]	Number: Date:	688693112 10/01/2012
PO Box 1137			Fiscal Y	ear End:	N/A
Melbourne, FL 32902			Aud	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			\$135.87	\$136.69	10/01/2012
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board			Commence of the Commence of th		
	***************************************		771 20 42	The state of the s	
Basis:	Rate Ty	pe:		Management of the second of th	
Budget	X Pros	spectiv	re		
Unaudited costs	<u>X</u> 1	otal P	rospective		
Desk audited costs	P	rospe	ctive Adjusted for N	lew Costs	
Field audited costs					
Medicare - Prospective X Payment System Rate	Interin		•		
Average Nursing Home Rate		al Inte	erum at based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			dell Samuel, Ad id Cost Reimburser		R
rtogram Development:					
For information Only ( No Change in rate)					



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Brevard Health Alliance		Provider Number:		688693114
			Date:	10/01/2012
PO Box 1137		Fiscal Y		N/A
Melbourne, FL 32901		Audi	t Status:	N/A
Provider Type:	Mary Market	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.87	\$136.69	10/01/2012
Hospice Provider				
#651 Routine Home Çare				
#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	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Inte	erim  it based on costs		
Distribution:	·····	dell Samuel, Ad		Pr
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	it Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Pancare of Florida		Provider 1		689693600	
			Date:	10/01/2012	
2309 E. 15th Street		Fiscal Y		N/A	
Panama City, FL 32405		t Status:	N/A		
Provider Type:	THE STATE OF THE S	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$116.66	\$117.36	10/01/2012	
Hospice Provider			www.		
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care			www.www.		
#656 General Inpatient Care					
#658 Room and Board			The same and the White As a second real particular and the same and th		
Basis:	Rate Type:				
Budget	X Prospectiv	/e			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	erim  It based on costs			
	Settleme	it based on costs		<b>ア</b> ノ	
	W. R	ydell Samuel, Ad	ministrator		
	Medica	aid Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Trogram Development.					
For information Only ( No Change in rate)					



Number: Date: Year End: it Status:  New Rate  \$117.36	689693603 10/01/2012 N/A N/A Effective Date	
Year End: it Status:  New Rate	N/A N/A  Effective Date	
it Status:  New Rate	N/A  Effective Date	
New Rate	Effective Date	
\$117.36	10/01/2012	
\$117.36	10/01/2012	
\$117.36	10/01/2012	
	<u> </u>	
-,,	¥4 <b>.</b>	
Prospective		
New Costs		
	dministrator ement Analysis	



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
PanCare of Florida - Santa Rosa Bch	Provider 1	689693604		
CHC - Walton County		Date: 10/01/201		
361 Greenway Trail		Fiscal Y		N/A
Santa Rosa Beach, FL 32401		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$116.66	\$117.36	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		l.	No. of the last of	
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate		Fotal Interim		
Average Nursing Home Rate	Settleme	nt based on costs		
				<b>P</b> V
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				

For information Only (No Change in rate)



Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
PanCare of Florida - Bruce		Provider ?	Number:	689693605
		Date:		10/01/2012
431 Oak Ave.			ear End:	N/A
Panama City, FL 32401		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$116.66	\$117.36	10/01/2012
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	Prospe	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Int	<b>-</b>		
Average Nursing Home Rate				
Average Nursing Home Rate		nt based on costs		Rv
	***	ydell Samuel, Ad		
	Medic	aid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Agape Community Health Center		Provider Number: Date:		690556100 10/01/2012
1760 Edgewood Ave West		Fiscal Y		N/A
Jacksonville, FL 32208		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				,
Swing-Bed Provider				
X Federally Qualified Health Centers		\$114.93	\$115.62	10/01/2012
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	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		
		/dell Samuel, Ad aid Cost Reimbursen		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Program Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Trenton Medical Center, Inc Bell Family He	ealthcare	Provider 1		690595100
		Tr'. 137	Date:	10/01/2012
1830 N. Main Street		Fiscal Year End: N/A Audit Status: N/A		
Bell, FL 32619		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$93.35	\$93.91	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	773,1	7 1. h	W1.4.1 Management	
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs	X Total P	Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte	•		
Average Nursing Home Rate	Total Inte	erim it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad	ministrator	Pr
For information Only (No Change in rate)				



Medicaid Reimbur	rsement Per Diem Rates	for Non-Institut	ional Provide	ers
Central Florida Health Care - Lakeland C	OB/GYN	Provider 1	Number: Date:	691835200 10/01/2012
950 Co. Road 17A West		Fiscal Y	ear End:	N/A
Avon Park, FL 33825		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Nate	New Rate	Effective Date
Swing-Bed Provider				
X Federally Qualified Health Cente	rs	\$144.12	\$144.98	10/01/2012
Hospice Provider		) UITTEL	9144.70	10/01/2012
#651 Routine Home Care				1
#652 Continuous Home Care	MA			
#655 Inpatient Respite Care				
#656 General Inpatient Care				1
#658 Room and Board	1,000			
Basis:	Rate Type :		ga Merke	
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte			
Average Nursing Frome Rate	W. Ry	rdell Samuel, Ad		RV.
	Medica	id Cost Reimburser	nent Analysis	-
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in ra	ate)			



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Central Florida Health Care - Lakeland		Provider 1		691835202
		wa	Date:	10/01/2012
950 Co. Road 17A West		Fiscal Y		N/A
Avon Park, FL 33825		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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 :			V/ ( )
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 Average Nursing Home Rate	Total Inte			
Average Nuising Home Rate	Settlemen	nt based on costs		
	W/ D	1110 1.1	T	R/
		dell Samuel, Ad  id Cost Reimbursen		<del>                                     </del>
	Medica	nd Cost Reimoursen	nont Anaiysip	
<b>Distribution:</b>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
1 Togram Development.				
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rat	<u>es for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Central Florida Health Care Inc. CFHC - Winter Haven Center 1514 1st Street North Winter Haven, FL 33881		Provider I Fiscal Y Audi	Date:	691835204 10/01/2012 N/A N/A
Provider Type:	7 T	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$144.12	\$144.98	10/01/2012
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			W 4. #
Budget	X Prospect	tive		
Unaudited costs		Prospective	( Ct-	
Desk audited costs Field audited costs	Prosp	ective Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Ir			
	Settlem	ent based on costs		
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:		Rydell Samuel, Adcaid Cost Reimbursen	ministrator	
For information Only ( No Change in rate)				



Permanent File Program Development:

For information Only (No Change in rate)

<u>ent Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
	Provider 1	Number:	691835206
		Date:	10/01/2012
			N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
	\$144.12	\$144.98	10/01/2012
			<u> </u>
#656 General Inpatient Care			
- 141			•
		and Pillian	***
Rate Type:			
X Prospectiv	⁄e		
	•		
costs Prospective Adjusted for New Costs costs			
Total			
7 .	, , , , , , , , , , , , , , , , , , ,		7./
W. Ry	dell Samuel, Ad	ministrator	
	Rate Type:  X Prospective X Total Prospective Interime Total Interime Settlemen W. Ry	Rate Type:  X Prospective X Total Prospective Adjusted for No.  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad	Fiscal Year End: Audit Status:  Current Rate New Rate  \$144.12 \$144.98  Rate Type:  X Prospective



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	e <u>rs</u>
North Florida Med. Ctr - Taylor Medical		Provider 1	Number:	692957500
		T)* 1.57	Date:	10/01/2012
255 W. River Road			ear End: it Status:	N/A
Wewahitchka, FL 32465		Audi	a Status:	N/A
Provider Type:	***************************************	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$103.20	\$103.82	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				Value of the state
Basis:	Rate Type:	1111111		
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs	<del></del>			
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average (valsing frome Rate	Settleme	nt based on costs		7 -
	W. D.	1.11.0		RV
		ydell Samuel, Ac aid Cost Reimburser		<del> </del>
	Medica	ila Cost Reillioursei	Helit Allalysip	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 Togram Development.				
For information Only ( No Change in rate)				



Medicaid Reimburser	ment Per Diem R	ates for Non-Institut	ional Provide	ers
Escambia Community Clinics		Provider l	Number:	692990700
·			Date:	10/01/2012
2200 N. Palafox St		Fiscal Y		N/A
Pensacola, FL 32514		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$100.12	\$100.72	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			***************************************	
#658 Room and Board	ann nach a www.			
Basis:	Rate Typ	e:		
Budget	X Prosp	ective		
Unaudited costs	X To	tal Prospective		
Desk audited costs	Pro	ospective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	l Interim		
Average Nursing Home Rate	***************************************	ement based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		. Rydell Samuel, Adedicaid Cost Reimburser	iministrator	R
Flogram Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Escambia Community Clinics, Inc.		Provider 1	Number:	692990702
Santa Rosa Community Clinic			Date:	10/01/2012
2200 North Palafox Street		Fiscal Y		N/A
Pensacola, FL 32501		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	~~			
X Federally Qualified Health Centers	***************************************	\$100.12	\$100.72	10/01/2012
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, Ad		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Togium Development.				

For information Only ( No Change in rate)



Medicaid Reimbursemer	ıt Per Diem Rates	for Non-Institut	ional Provide	ers
Escambia Community Clinics, Inc		Provider 1	Number:	692990704
			Date:	10/01/2012
2200 N. Palafox Street		Fiscal Y		N/A
Pensacola, FL 32501		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$100.12	\$100.72	10/01/2012
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 1000000000000000000000000000000000000
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	• . •			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate	*****	at based on costs		
	W. Ry	dell Samuel, Ad	ministrator	RV
		id Cost Reimbursen		
Distuibution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Provider N Fiscal Ye Audi	Date:	692990705 10/01/2012 N/A N/A Effective Date
\$100.12	\$100.72	10/01/2012
\$100.12	\$100.72	10/01/2012
\$100.12	\$100.72	10/01/2012
	1	
		dis garages es e
ective Adjusted for No	ew Costs	
	ministrator	R



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Escambia Community Clinics, Inc.		Provider 1	Number:	692990706
Lakeview Medical Clinic			Date:	10/01/2012
2200 N. Palafox Street		Fiscal Y		N/A
Pensacola, FL 32501		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$100.12	\$100.72	10/01/2012
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 X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Into	erim it based on costs		
	W. R	ydell Samuel, Ad	ministrator	R'
	Medica	nid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
i rogiani Development.				
For information Only ( No Change in rate)				



Medicaid Reimbur	sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Escambia Community Clinics		Provider 1		692990708
Urgent Care		m. 1 **	Date:	10/01/2012
2200 North Palafox Street		Fiscal Y		N/A
Pensacola, FL 32501		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cente	rs	\$100.12	\$100.72	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	* Water transmission of the American Control of the			
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	pective Adjusted for New Costs		
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		it based on costs		
Distribution: Fiscal Agent Contract Management		dell Samuel, Ad id Cost Reimbursen	ministrator	RV
Permanent File				
Program Development:				
For information Only ( No Change in ra	ite)			



Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	ional Provide	rs
North Florida Med Ctr - Crestview Med	Center	Provider Number:		693564800
			Date:	10/01/2012
535 John Knox Rd		Fiscal Y		N/A
Tallahassee, FL 32303		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cent	ers	\$103.20	\$103.82	10/01/2012
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	AU-2017-0-10-10-10-10-10-10-10-10-10-10-10-10-1			
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs	-	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		RV
		dell Samuel, Ad		
	Medica	nid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in	rate)			