



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

North Florida Medical Centers, Inc.
 Baker Family Medical Center
 1321 Georgia Avenue
 Baker, FL 32531

Provider Number: 000801300
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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:

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

Rate Type :

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Dept of Health d/b/a Osceola Co. Health Dept.
 105 Doverplum Ave.
 Kissimmee , FL 34758

Provider Number: 000835600
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Florida Department of Health
 Citrus County Health Department
 3700 W. Sovereign Path
 Lecanto, FL 34461

Provider Number: 000952900
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

Comprehensive Community Care Network, Inc.
 2330 S. Congress Ave.
 Palm Springs, FL 33406

Provider Number: 001182600
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			
#656 General Inpatient Care			
#658 Room and Board			

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

Tampa Family Health Centers, Inc. #20
 4422 E. Columbus Drive
 Tampa, FL 33604

Provider Number: 001276200
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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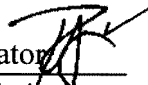
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center, Inc.
 1025 SW 1st Ave.
 Ocala , FL 34471

Provider Number: 001718300
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Heart of Florida Health Center
 1025 SW 1st Ave.
 Ocala, FL 34471

Provider Number: 001718302
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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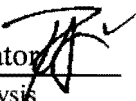
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Reddick
 1025 SW 1st Ave.
 Ocala , FL 34471

Provider Number: 001718304
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Belleview

Provider Number: 001718306

Date: 10/01/2012

1025 SW 1st Ave.

Fiscal Year End: N/A

Ocala, FL 34471

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Ocala East
 Marion County Health Department
 1025 SW 1st Ave.
 Ocala , FL 34471

Provider Number: 001718308
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Aids Resource, Inc.
 Care Resource
 871 West Oakland Park Blvd.
 Fort Lauderdale, FL 33311

Provider Number: 003407900
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Marion E. Fether

 1454 Madison Avenue
 Immokalee, FL 33934

Provider Number: 029152803
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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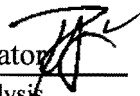
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - East Naples Medical Ctr
 1454 Madison Avenue
 Immokalee, FL 33962

Provider Number: 029152805
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Collier Health Services - Golden Gate Pediatrics
 1454 Madison Avenue
 Immokalee, FL 34116

Provider Number: 029152806
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

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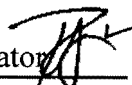
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Children's Health Network
 1454 Madison Avenue
 Immokalee, FL 34103

Provider Number: 029152807
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Collier Health Services - Marco Island Pediatrics
 1454 Madison Avenue
 Immokalee, FL 34145

Provider Number: 029152809
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

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

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Immokalee FCC
1454 Madison Avenue
Immokalee, FL 34142

Provider Number: 029152810
Date: 10/01/2012
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate checked, Average Nursing Home Rate) and Rate Type (Prospective checked, Total Prospective checked, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs).

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center, Inc.
 911 S. Main St
 Trenton, FL 32693

Provider Number: 029506001
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Trenton Medical Center - Bradford
 911 S. Main St
 Trenton, FL 32693

Provider Number: 029506007
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Pediatrics
 TMC Pediatrics
 2010 N. Young Blvd.
 Chiefland, FL 32626

Provider Number: 029506009
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Healthcare
 TMC Healthcare
 630 N. Main Street
 Williston, FL 32696

Provider Number: 029506011
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Trenton Medical Center - Palms Pediatrics
 Palms Pediatrics
 PO Box 640
 Trenton , FL 32693

Provider Number: 029506013
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center
 Palms Medical Group
 PO Box 640
 Trenton, FL 32693

Provider Number: 029506015
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center - Dover Health Center
 14618 State Road 574
 Dover, FL 33527

Provider Number: 029523001
 Date: 10/01/2012
 Fiscal Year End: N/A
 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:

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

Rate Type :

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

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Flamingo

Provider Number: 029540000

Date: 10/01/2012

700 S. Royal Poinciana Blvd, Suite 300

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit 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:

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

Rate Type :

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Program Development:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Main

 700 S. Royal Poinciana Blvd, Suite 300
 Miami Springs, FL 33166

Provider Number: 029541800
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

<p style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Basis:</p> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input checked="" type="checkbox"/> Payment System Rate <input type="checkbox"/> Average Nursing Home Rate </p>	<p style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Rate Type :</p> <p> <input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs </p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - North

Provider Number: 029541802

Date: 10/01/2012

700 S. Royal Poinciana Blvd

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit 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			

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

Jessie Trice Community Health Center - Cope North
 700 S. Royal Poinciana Blvd Suite 300
 Miami Springs, FL 33166

Provider Number: 029541804
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Jessie Trice Community Health Center - Northshore

Provider Number: 029541806

Date: 10/01/2012

700 S. Royal Poinciana Blvd

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

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

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Norland HCC

Provider Number: 029541808

Date: 10/01/2012

700 S. Royal Poinciana Blvd

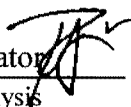
Fiscal Year End: N/A

Miami Springs, FL 33166

Audit 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			

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

Jessie Trice Community Health Center - Charles Drew Elem
 700 S. Royal Poinciana Blvd
 Miami Springs, FL 33166

Provider Number: 029541810
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Jessie Trice Community Health Center - Lillie C Evans

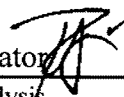
Provider Number: 029541812

700 S. Royal Poinciana Blvd
 Miami Springs, FL 33166

Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - James Scott Satellite

Provider Number: 029542600

Date: 10/01/2012

700 S. Royal Poinciana Blvd, Suite 300

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Main

Provider Number: 029543400

Date: 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			

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

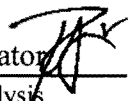
Rural Health Care - Palatka Family Medical Center

 P.O. Box 817
 Palatka, Fl 32178

Provider Number: 029543401
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Rural Health Care - Interlachen Family Med. Center

Provider Number: 029543402

Date: 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			

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

Rural Health Care - Crescent City Family Med. Center
 P.O. Box 817 P.O. Box 146
 Palatka, Fl 32178

Provider Number: 029543403
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Rural Health Care - Keystone Family Med. Center

Provider Number: 029543405

Date: 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			

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

Rural Health Care - Hawthorne Family Med. Center

Provider Number: 029543406

Date: 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			

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

Rural Health Care - Palatka Family Medical Center
 P.O. Box 817
 Palatka, FL 32178

Provider Number: 029543407
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Rural Health Care - Family Medical & Dental Centers

Provider Number: 029543409

Date: 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			

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

Rural Health Care - Family Med & Dental Ctr - Elm Street
 P.O. Box 817
 Palatka, FL 32177

Provider Number: 029543411
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Rural Health Care, Inc.
 Eastside Family Dental Center
 PO Drawer 817
 Palatka, FL 32178

Provider Number: 029543413
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Rural Health Care Corp
 Family Medical & Dental Centers
 PO Box 817
 Palatka, FL 32178

Provider Number: 029543414
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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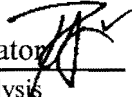
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

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			

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

Miami Beach Community Health Center - Stanley C. Myers
 710 Alton Road
 Miami, FL 33139

Provider Number: 029544200
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Miami Beach Community Health Center - Beverly Press

Provider Number: 029544201

Date: 10/01/2012

710 Alton Road

Fiscal Year End: N/A

Miami, FL 33139

Audit 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			

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

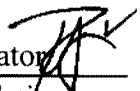
Miami Beach Community Health Center - Dr. Sol Lichter

 710 Alton Road
 Miami, FL 33139

Provider Number: 029544205
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Miami Beach Community Health Center - Nanay Health Center	Provider Number:	029544207
	Date:	10/01/2012
710 Alton Road	Fiscal Year End:	N/A
Miami, FL 33139	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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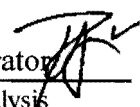
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center - Beverly Press Annex	Provider Number:	029544209
	Date:	10/01/2012
710 Alton Road	Fiscal Year End:	N/A
Miami, FL 33139	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Miami Beach Community Health Center - 2nd Ave

Provider Number: 029544211

Date: 10/01/2012

710 Alton Road

Fiscal Year End: N/A

Miami, FL 33139

Audit 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			

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

Community Health Centers, Inc.

Provider Number: 029545100

Date: 10/01/2012

P.O. Box 1249

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			

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

Community Health Centers, Inc.- Winter Garden Child Hlth
 WG Childrens Health
 P.O. Box 2329
 Apopka, FL 32704

Provider Number: 029545108
 Date: 10/01/2012
 Fiscal Year End: N/A
 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:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Southlake Fmly Hlth
 Southlake Family Health
 P.O. Box 2329
 Apopka, FL 32704

Provider Number: 029545110
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health Centers - Winter Garden Fmly Hlth
 WG Family Health Center
 P.O. Box 2329
 Apopka, FL 32704

Provider Number: 029545111
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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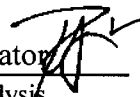
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Leesburg
 Leesburg Community
 P.O. Box 2329
 Apopka, FL 32704

Provider Number: 029545112
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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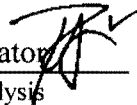
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Apopka Fmly Hlth
 Apopka Family Health
 P.O. Box 2329
 Apopka, FL 32704

Provider Number: 029545113
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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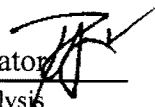
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc. - Apopka Childrens Hlth Provider Number: 029545114
 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			

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

Community Health Centers, Inc. - Pine Hills
 P.O. Box 2329
 Apopka, FL 32704

Provider Number: 029545115
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Community Health Centers - Zellwood
P.O. Box 2329
Apopka, FL 32704

Provider Number: 029545117
Date: 10/01/2012
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate checked, Average Nursing Home Rate) and Rate Type (Prospective checked, Total Prospective checked, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs).

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Lake Ellenor
P.O. Box 2329
Apopka, FL 32704

Provider Number: 029545119
Date: 10/01/2012
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate checked, Average Nursing Home Rate) and Rate Type (Prospective checked, Total Prospective checked, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs).

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.
 Apopka Dental
 PO Box 2329
 Apopka , FL 32704

Provider Number: 029545121
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health Centers
 Bithlo Family Health Center
 PO Box 2329
 Apopka , FL 32704

Provider Number: 029545123
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health Centers Inc
 Meadow Woods Childrens Health Center
 110 South Woodland Street
 Winter Garden, FL 34787

Provider Number: 029545125
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Thomas E. Langley Medical Center

 1425 S. U.S. Hwy 301
 Sumterville, FL 33585

Provider Number: 029547700
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			
#658 Room and Board			

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

Family Medical Center at the Shores

Provider Number: 029547702

Date: 10/01/2012

1425 S. U.S. Hwy 301

Fiscal Year End: N/A

Sumterville, FL 33585

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			
#658 Room and Board			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Peter D
 PO Box 82969
 Tampa, FL 33682

Provider Number: 029548500
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Tampa Community Health Center - Salvation Army

Provider Number: 029548502

Date: 10/01/2012

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

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			

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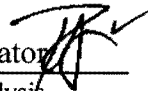
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Sine Domus
 PO Box 82969
 Tampa, FL 33682

Provider Number: 029548503
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Tampa Community Health Center - Lee Davis
PO Box 82969
Tampa, FL 33682

Provider Number: 029548504
Date: 10/01/2012
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - 131st Ave

Provider Number: 029548505

Date: 10/01/2012

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

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			

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

Tampa Community Health Center - Rome Ave

Provider Number: 029548506

Date: 10/01/2012

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

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			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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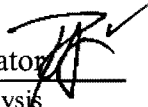
Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Waters Ave	Provider Number: 029548513
PO Box 82969	Date: 10/01/2012
Tampa, FL 33682	Fiscal Year End: N/A
	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			

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

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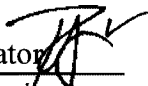
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center
 Mobil Dental Van
 PO Box 82969
 Tamp, FL 33682

Provider Number: 029548516
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Tampa Family Health Center #11

Provider Number: 029548517

Date: 10/01/2012

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

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			

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

Tampa Family Health Center #27

Provider Number: 029548519

Date: 10/01/2012

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

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			

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

Tampa Family Health center #26

Provider Number: 029548520

Date: 10/01/2012

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

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			

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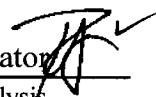
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers #25
 PO Box 82969
 Tampa, FL 33682

Provider Number: 029548521
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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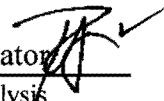
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers #24
 PO Box 82969
 Tampa , FL 33682

Provider Number: 029548522
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Distribution:

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- Contract Management
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- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #23

 PO Box 82969
 Tampa , FL 33682

Provider Number: 029548527
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Central Florida Health Care, Inc. - Frostproof
 109 West Wall Street
 Frostproof, FL 33843

Provider Number: 029549300
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Central Florida Health Care - Wachula
 204 E. Palmetto Street
 Wauchula, FL 33873

Provider Number: 029549301
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Central Florida Health Call - Avon Park

Provider Number: 029549304

Date: 10/01/2012

400 South Lake Avenue

Fiscal Year End: N/A

Avon Park, FL 33825

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community HC Group - Pasco

 37946 CHURCH AVE
 Dade City, FL 33525

Provider Number: 029550700
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

<p style="text-align: center; border: 1px solid black; margin-bottom: 5px;">Basis:</p> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input checked="" type="checkbox"/> Payment System Rate <input type="checkbox"/> Average Nursing Home Rate </p>	<p style="text-align: center; border: 1px solid black; margin-bottom: 5px;">Rate Type :</p> <p> <input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs </p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community HC Group - Zephyrhills
 37946 CHURCH AVE
 Dade City, FL 33525

Provider Number: 029550701
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Premier Community HC Group - Summit

 37946 CHURCH AVE
 Dade City, FL 33525

Provider Number: 029550702
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Premier Community Healthcare Group - New Port Richey

Provider Number: 029550703

Date: 10/01/2012

PO Box 232

Fiscal Year End: N/A

Dade City, FL 33526

Audit 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:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Healthcare - Dade City

Provider Number: 029550704

Date: 10/01/2012

PO Box 232

Fiscal Year End: N/A

Dade City, FL 33526

Audit 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:

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

Rate Type :

- Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

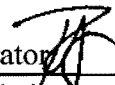
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Health Care Group, Inc.
 Premier Community Health Care - Hudson
 PO Box 232
 Dade City, FL 33526

Provider Number: 029550707
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Migrant & Community Health Center, Inc
 2400 State Road 415
 Sanford, FL 32771

Provider Number: 029551500
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Central Florida Family Health - Alafaya

Provider Number: 029551502

Date: 10/01/2012

18501 Washington Ave.

Fiscal Year End: N/A

Bithlo, Fl 32820

Audit 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			

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

Central Florida Family Health - Underhill Road

Provider Number: 029551504

Date: 10/01/2012

2400 County Rd 415-A

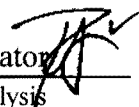
Fiscal Year End: N/A

Sanford, FL 32771

Audit 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			

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

Central Florida Family Health Center - Lake Ellenor	Provider Number:	029551506
2400 County Rd 415-A	Date:	10/01/2012
Sanford, FL 32771	Fiscal Year End:	N/A
	Audit 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			

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

Family Health Center of Columbia County, Inc.

Provider Number: 029552300

Date: 10/01/2012

P.O. Box 249

Fiscal Year End: N/A

Lake City, FL 32056

Audit 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			

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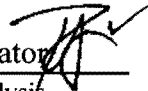
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Helen B. Bentley Family Health Center, Inc.
 3090 SW 37th Ave
 Miami, FL 33133

Provider Number: 029553100
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/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			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center, Inc.

 3601 Federal Highway 3rd Floor
 Miami, FL 33137

Provider Number: 029554000
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Borinquen Health Care - Federal Hwy
 3601 Federal Highway 3rd Floor
 Miami, FL 33137

Provider Number: 029554002
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Borinquen Health Care Center, SW 8th Street
 3601 Federal Highway, 3rd Floor Finance
 Miami, FL 33137

Provider Number: 029554003
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Borinquen Health Care Center
 Borinquen - Paul W. Bell Middle School
 3601 Federal Highway
 Miami, FL 33175

Provider Number: 029554008
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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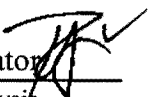
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center
 Brent Tree Elementary
 3601 Federal Highway
 Miami , FL 33175

Provider Number: 029554010
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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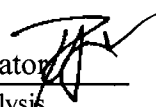
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center
 Howard A Doolin Middle School
 3601 Federal Highway
 Miami , FL 33137

Provider Number: 029554012
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Borinquen Health Care Center
 MS Douglas Elementary
 3601 Federal Highway
 Miami, FL 33175

Provider Number: 029554014
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Borinquen Health Care Center - 16

Provider Number: 029554016

Date: 10/01/2012

3601 Federal Hwy, 6th Floor

Fiscal Year 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

Borinquen Health Care Center - 19
 3601 Federal Highway
 Miami, FL 33137

Provider Number: 029554019
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

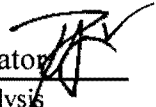
Borinquen Health Care Center - 21

 3601 Federal Highway, 6th Floor
 Miami, FL 33137

Provider Number: 029554021
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Borinquen Health Care Center - 23

Provider Number: 029554023

Date: 10/01/2012

3601 Federal Highway

Fiscal Year 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 25

Provider Number: 029554025

Date: 10/01/2012

3601 Federal Highway

Fiscal Year 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

Borinquen Health Care Center - 27

Provider Number: 029554027

Date: 10/01/2012

3601 Federal Hwy, 6th Floor

Fiscal Year 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

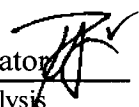
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 29
 3601 Federal Highway, Suite 200
 Miami, FL 33137

Provider Number: 029554029
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Borinquen Health Care Center - 31

Provider Number: 029554031

Date: 10/01/2012

3601 Federal Highway

Fiscal Year 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Ruskin

Provider Number: 029557400

Date: 10/01/2012

P.O. Box 1349

Fiscal Year End: N/A

Ruskin, FL 33570

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			

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

Suncoast Community Health Centers
 Women and Children Community Health Center
 PO Box 2096
 Plant City , FL 33563

Provider Number: 029557401
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Suncoast Community HCC - Plant City

Provider Number: 029557402

Date: 10/01/2012

508 N. Maryland Avenue P.O. Box 2096
 Plant City, Fl 33566

Fiscal Year End: N/A

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			

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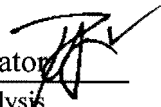
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Mobley Street
 P.O. Box 1349
 Ruskin, FL 33575

Provider Number: 029557403
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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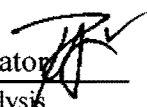
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
 Joyce Elv Community Health Center
 PO Box 1349
 Ruskin, FL 33575

Provider Number: 029557405
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Suncoast Community Health Centers
 Suncoast Mobile Dental Van
 PO Box 1349
 Ruskin, FL 33575

Provider Number: 029557408
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers, Inc.
 Brandon Community Health Center
 PO Box 40
 Dover, FL 33527

Provider Number: 029557409
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
 Oakfield Community Health Center
 13110 Elk Mountain Drive
 Riverview, FL 33579

Provider Number: 029557412
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services

Provider Number: 029561200

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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:

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

Rate Type :

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services- Bayshore

 P.O. Box 499
 Parrish, FL 34221

Provider Number: 029561201
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svcs. - Hwy 301

Provider Number: 029561202

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit 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			

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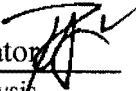
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser. - Lawton Chiles
 P.O. Box 499
 Parrish, FL 34219

Provider Number: 029561203
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Manatee County Rural Health Ser - Southeast FHCC

Provider Number: 029561204

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34203

Audit 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			

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

Manatee County Rural Health Ser - East Manatee Health
 P.O. Box 499
 Parrish, FL 34208

Provider Number: 029561205
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Myakka FHCC

Provider Number: 029561206

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, Fl 34251

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Manatee County Rural Health Ser - Infectious Disease

Provider Number: 029561207

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, Fl 34203

Audit 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			

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

Distribution:

Fiscal Agent
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 Permanent File
 Program Development:

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Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser. - North CHC Medical

 P.O. Box 499
 Parrish, FL 34219

Provider Number: 029561210
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Basis:</div> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input checked="" type="checkbox"/> Payment System Rate <input type="checkbox"/> Average Nursing Home Rate </p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Rate Type :</div> <p> <input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs </p>
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W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Co. Rural Health Ser - Health Park OB/GYN

Provider Number: 029561212

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Palmetto FHC

Provider Number: 029561214

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34221

Audit 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			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Westgate

Provider Number: 029561218

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Community Care HC Provider Number: 029561220
Date: 10/01/2012
P.O. Box 499 Fiscal Year End: N/A
Parrish, FL 34219 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate checked, Average Nursing Home Rate) and Rate Type (Prospective checked, Total Prospective checked, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs).

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Lakewood

Provider Number: 029561222

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural County Health Services - Riverview

 P.O. Box 499
 Parrish, FL 34219

Provider Number: 029561224
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

<p style="text-align: center; border: 1px solid black; margin: 0;">Basis:</p> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input checked="" type="checkbox"/> Payment System Rate <input type="checkbox"/> Average Nursing Home Rate </p>	<p style="text-align: center; border: 1px solid black; margin: 0;">Rate Type :</p> <p> <input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs </p>
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W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - Bradenton Chiropractic

Provider Number: 029561226

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - Whole Child Pediatrics
 P.O. Box 499
 Parrish, FL 34219

Provider Number: 029561228
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - General Surgery

Provider Number: 029561230

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services, Inc.
 Readi-Care Plus
 PO Box 499
 Parrish, FL 34219

Provider Number: 029561232
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

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

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 Medicaid Cost Reimbursement Analysis

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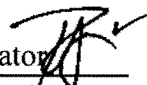
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rual Health Services
 River Landings OB/GYN
 PO Box 499
 Parrish, FL 34219

Provider Number: 029561233
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services
 North County Family Vision Center
 PO Box 499
 Parrish, FL 34219

Provider Number: 029561236
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Count Rural Health Services, Inc.
 PO Box 499
 Parrish, FL 34219

Provider Number: 029561238
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Distribution:

- Fiscal Agent
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- Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services
 Bradenton Family Medical
 PO Box 499
 Parrish, FL 34219

Provider Number: 029561240
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community HC - JR Clarke
 1310 22nd Avenue South
 St. Petersburg, FL 33705

Provider Number: 029565500
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community HC - Mother & Child Care of Clearwater
 1020 Lakeview Rd
 Clearwater, FL 33756

Provider Number: 029565501
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Community HC at Pinellas Pk - Womens & Childrens HC
6237 66th St North
Pinellas Park, FL 33781

Provider Number: 029565503
Date: 10/01/2012
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate checked, Average Nursing Home Rate) and Rate Type (Prospective checked, Total Prospective checked, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs).

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center - Largo
 12420 - 130th Ave
 Largo, FL 33774

Provider Number: 029565512
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Community Health Center - Tarpon Springs
 301 S. Disston Avenue
 Tarpon Springs , FL 34689

Provider Number: 029565514
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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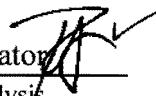
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr., Inc. - Wewahitchka Medical Ctr
 255 W. River Road
 Wewahitchka, FL 32465

Provider Number: 029568000
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

North Fl. Medical Ctr. Inc. - Wakulla Medical Ctr
 Wakulla Medical Center
 255 W. River Road
 Wewahitchka, FL 32465

Provider Number: 029568001
 Date: 10/01/2012
 Fiscal Year End: N/A
 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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr., Inc. - Tri County FHCC
 Tri County Family Health Care
 255 W. River Road
 Wewahitchka, FL 32465

Provider Number: 029568005
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

North Fl. Medical Ctrs., Inc. - Mayo
 Mayo Health Services
 255 W. River Road
 Wewahitchka, FL 32465

Provider Number: 029568009
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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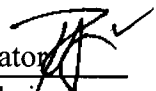
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc. - Family Medical Practice
 255 W. River Road
 Wewahitchka, FL 32465

Provider Number: 029568012
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

North Fl. Medical Ctrs., Inc. - Gadsden Medical Center
 Gadsden Medical Center
 255 W. River Road
 Wewahitchka, FL 32465

Provider Number: 029568013
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

North Fl. Medical Center, Inc. - Gadsden Dental Center
 255 W. River Road
 Wewahitchka, FL 32465

Provider Number: 029568015
 Date: 10/01/2012
 Fiscal Year End: N/A
 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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FL. Medical Center - Eastpoint Medical Center
 Eastpoint Medical Center
 255 W. River Road Eastpoint Medical Center
 Wewahitchka, FL 32465

Provider Number: 029568030
 Date: 10/01/2012
 Fiscal Year End: N/A
 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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Downtown Ft Myers
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570100
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Labelle
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570101
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Family Health Centers of SW Florida - Bonita Springs
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570102
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Family Health Centers of SW Florida - East Ft Myers
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570103
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Distribution:

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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

Family Health Centers of SW Florida - Leigh Acres

Provider Number: 029570105

Date: 10/01/2012

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit 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			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - North Ft Myers
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570106
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Basis:</div> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input checked="" type="checkbox"/> Payment System Rate <input type="checkbox"/> Average Nursing Home Rate </p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Rate Type :</div> <p> <input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs </p>
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W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of S.W. Florida - Paul Lawrence
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570107
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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 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

Family Health Centers of S.W. Florida - South Ft Myers

Provider Number: 029570109

Date: 10/01/2012

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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:

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

Rate Type :

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Program Development:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers. of S.W. Florida - Cape Coral

Provider Number: 029570110

Date: 10/01/2012

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Family Health Centers of S.W. Florida - Broadway Dental

Provider Number: 029570111

Date: 10/01/2012

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit 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			

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

Family Health Centers of SW Florida Inc - Port Charlotte

Provider Number: 029570112

Date: 10/01/2012

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit 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			

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

Family Health Centers of SW Florida - Pine Island

Provider Number: 029570115

Date: 10/01/2012

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit 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			

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

Family Health Centers of SW Florida
 South Fort Myers Medical Center
 PO Box 1588
 Fort Myers, FL 33902

Provider Number: 029570118
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Family Health Centers of SW Florida - Bonita Springs
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570120
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Family Hlth Ctr of SW Florida - Broadway Ave

Provider Number: 029570122

Date: 10/01/2012

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit 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			

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

Community Health of South Florida
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572800
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

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

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

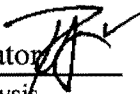
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center of South Florida - MLK
 810 West Mowry Street
 Homestead, FL 33030

Provider Number: 029572801
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

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

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Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South - Dental Svc
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572802
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

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

Distribution:

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 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - MLK Dental

Provider Number: 029572803

Date: 10/01/2012

810 West Mowry Street

Fiscal Year End: N/A

Homestead, FL 33030

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			

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

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For information Only (No Change in rate)



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 Tallahassee, Florida 32308

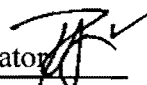
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - W. Perrine Health Ctr
 W. Perrine Health Ctr
 17623 Homestead Avenue
 Perrine, FL 33157

Provider Number: 029572804
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - Naranja Health Center
 Naranja Health Center
 13890 S.W. 264 Street
 Homestead, FL 33030

Provider Number: 029572805
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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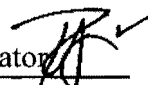
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - W. Perrine Dental Provider Number: 029572806
 W. Perrine Health Ctr - Dental Date: 10/01/2012
 17623 Homestead Avenue Fiscal Year End: N/A
 Homestead, FL 33157 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			

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

Community Health of South Florida - Everglades Health Center	Provider Number:	029572809
Everglades Health Center	Date:	10/01/2012
19200 S.W. 380th Street	Fiscal Year End:	N/A
Florida City, FL 33030	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			

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

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 Year End:	N/A
Homestead, FL 33090	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			

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

Community Health of South Florida - Naranja HC Dental
 Naranja HC Dental
 10300 SW 216 Street
 Miami, FL 33190

Provider Number: 029572811
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - Everglades HC Dental
 Everglades HC Dental
 10300 SW 216 Street
 Miami, FL 33190

Provider Number: 029572813
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - Laura Saunders Elem
 10300 SW 216 Street
 Miami, FL 33190

Provider Number: 029572815
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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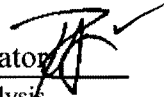
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Homestead Senior High
 10300 SW 216 St
 Miami, FL 33190

Provider Number: 029572817
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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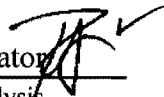
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Cope South
 10300 SW 216 St
 Miami, FL 33190

Provider Number: 029572819
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - 307 St
 15790 SW 307 Street
 Homestead, FL 33035

Provider Number: 029572821
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - Marathon Health Center
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572824
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - Moton Elementary Sch
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572826
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health Center of S. Dade - Campbell Drive Middle Provider Number: 029572827
 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			

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

Community Health of South Florida - Colonial Drive Elem
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572828
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - H.A Ammons Middle
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572829
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Jane Roberts Elem
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572830
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - John A. Ferguson Senior	Provider Number:	029572831
	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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - South Dade Senior

Provider Number: 029572832

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			
<input checked="" type="checkbox"/> 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:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - W.A. Chapman Elem
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572833
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - West Miami Middle
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572835
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - Braddock Senior
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572837
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of South Florida - Flagami Elem.

Provider Number: 029572852

Date: 10/01/2012

10300 SW 216th Street

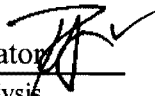
Fiscal Year End: N/A

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Avocado Elem.

Provider Number: 029572853

Date: 10/01/2012

10300 SW 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			

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

Community Health of S. Florida - Airbase Elem

Provider Number: 029572854

Date: 10/01/2012

10300 SW 216 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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - FL City Elem

Provider Number: 029572855

Date: 10/01/2012

10300 SW 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			

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

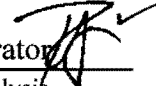
Community Health of S. Florida - Homestead Middle

 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572856
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of S. Florida - McMillan Middle
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572857
 Date: 10/01/2012
 Fiscal Year End: N/A
 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:

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

Rate Type :

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

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Perrine Elem
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572858
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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:

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

Rate Type :

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

W. Rydell Samuel, Administrator
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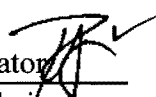
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S Florida - Redondo Elem
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572859
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health of S. Florida - Royal Green Elem

Provider Number: 029572868

Date: 10/01/2012

10300 SW 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			

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

Community Health of S Florida - South Wood Middle
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572870
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

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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

FL Community Health Ctrs- Okeechobee
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number: 029574400
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs - Infectious Disease Center
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number: 029574401
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

FL Community Health Centers - Clewiston

Provider Number: 029574402

Date: 10/01/2012

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach,, FL 33407

Audit 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			

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

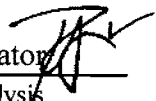
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Indiantown
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number: 029574403
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Ft Pierce

Provider Number: 029574404

Date: 10/01/2012

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach,, FL 33407

Audit 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			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Lakeshore Medical
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number: 029574406
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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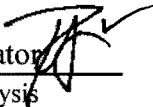
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center - 103 NE 19th Dr
 4450 S. Tiffany Drive
 West Palm Beach, FL 33407

Provider Number: 029574414
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

FL Community Health Ctrs- North Palm Beach
 4450 S. Tiffany Drive
 West Palm Beach, FL 33407

Provider Number: 029574416
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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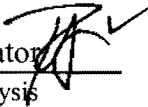
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Centers - Pahokee
 4450 S. Tiffany Drive
 West Palm Beach, FL 33407

Provider Number: 029574418
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Center - Moore Haven
4450 S. Tiffany Drive
West Palm Beach , FL 33407

Provider Number: 029574420
Date: 10/01/2012
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate checked, Average Nursing Home Rate) and Rate Type (Prospective checked, Total Prospective checked, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs).

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Center

 1720 S. Gadsden St.
 Tallahassee, FL 32314

Provider Number: 060551401
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Assoc.- West Orange

Provider Number: 060551402

Date: 10/01/2012

1720 S. Gadsden St.

Fiscal Year End: N/A

Tallahassee, Fl 32310

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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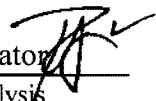
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Center
 1720 S. Gadsden St.
 Tallahassee, FL 32310

Provider Number: 060551404
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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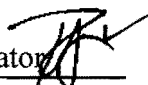
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Clinic
 THA Health Center at Joe Louis
 1720 S. Gadsden Street
 Tallahassee, FL 32301

Provider Number: 060551405
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern, Inc.

Provider Number: 680002500

Date: 10/01/2012

336 N.W. Fifth 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Salvation Army-Camillus Health Concern
 Salvation Army
 336 NW 5th Street
 Miami, FL 33128

Provider Number: 680002505
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Distribution:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern - Camillus House
 Camillus House
 336 NW 5th Street
 Miami, FL 33128

Provider Number: 680002506
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Camillus - Better Way of Greater Miami
 Better Way of Greater Miami
 336 NW 5th Street
 Miami, FL 33128

Provider Number: 680002508
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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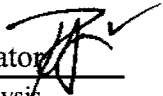
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus - Mother Theresa Sister of Charity
 Mother Theresa Sister of Charity
 336 NW 5th Street
 Miami, FL 33128

Provider Number: 680002510
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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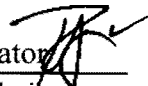
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health - Fellsmere
 Fellsmere
 12196 CR 512
 Fellsmere, FL 32948

Provider Number: 680005000
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Treasure Coast Community Health - Vero
 12196 CR 512
 Fellsmere, FL 32948

Provider Number: 680005001
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Treasure Coast Community Health - Vero2
 12196 County Rd. 512
 Fellsmere, FL 32948

Provider Number: 680005002
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health, Inc. - Sebastian

Provider Number: 680005006

Date: 10/01/2012

12196 County Road 512

Fiscal Year End: N/A

Fellsmere, FL 32948

Audit 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			

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

Treasure Coast Comm. Health, Inc. Fellsmere2
12196 County Road 512
Fellsmere, FL 32948

Provider Number: 680005008
Date: 10/01/2012
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community FH - State Road # 7
 2518 N. State Rd. 7
 Hollywood, FL 33021

Provider Number: 680027100
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community FH - North Powerline Road

Provider Number: 680027102

Date: 10/01/2012

168 North Powerline Road

Fiscal Year End: N/A

Pompano Beach, FL 33069

Audit 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health - West Park

Provider Number: 680027104

Date: 10/01/2012

5010 Hollywood Blvd., Ste 100B

Fiscal Year End: N/A

Hollywood, FL 33021

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Manatee Rural County Health Ser - Arcadia FHC

Provider Number: 680996100

Date: 10/01/2012

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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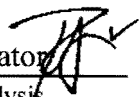
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Hwy 542
 950 CR 17A West
 Avon Park, Fl 33825

Provider Number: 681471900
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Community Health Centers, Inc. - Eatonville Med/Dent Center	Provider Number:	681969900
	Date:	10/01/2012
P.O. Box 4099	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			

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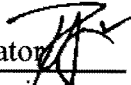
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center, Inc. - Hoffner
 5449 South Semoran Blvd.
 Orange, FL 32822

Provider Number: 682960100
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Tampa Community Health Center - Mobile Medical Center Provider Number: 683710700
 Date: 10/01/2012
 P.O. Box 82969 Fiscal Year End: N/A
 Tampa, FL 33682 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			

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

Collier Health Services - Golden Gate Dental

Provider Number: 683955000

Date: 10/01/2012

P.O. Box 12229

Fiscal Year End: N/A

Naples, FL 34101

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			

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

Collier Health Services - Horizon PCC

Provider Number: 683955003

Date: 10/01/2012

P.O. Box 12229

Fiscal Year End: N/A

Naples, FL 34101

Audit Status: N/A

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

Collier Health Services - Creekside Pediatrics

Provider Number: 683955005

Date: 10/01/2012

P. O. Box 12229

Fiscal Year End: N/A

Naples, FL 34101

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			

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

Collier Health Services - Ronald McDonald

Provider Number: 683955006

Date: 10/01/2012

P. O. Box 12229

Fiscal Year End: N/A

Naples, FL 34101

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			

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

Collier Health Services, Inc - Countryside Childrens Dental
 1454 Madison Avenue
 Imokalee, FL 33934

Provider Number: 683955010
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services, Inc. - FSU Primary Care

Provider Number: 683955012

Date: 10/01/2012

1454 Madison Avenue

Fiscal Year End: N/A

Imokalee, FL 33934

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			

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

Collier Health Services
 UF Pediatric Dental Center
 1454 Madison Ave W
 Immokalee, FL 34142

Provider Number: 683955014
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Collier Health Services
 Creekside Family Practice
 PO Box 12229
 Naples, FL 34101

Provider Number: 683955017
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Florida Community Health Centers - St Lucie
 4450 South Tiffany Drive
 West Palm Beach, FL 32407

Provider Number: 684660200
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Hillmoor Dr.

Provider Number: 684660202

Date: 10/01/2012

1701 S.E. Hillmoor Dr. Suite 19

Fiscal Year End: N/A

Port St. Lucie, FL 34952

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

North Florida Medical Center, Inc. - Taylor Dental Center
 Taylor Dental Clinic
 409 East Ash Street Taylor Dental Center
 Perry, FL 32347

Provider Number: 684783800
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

I.M. Solzbacher Ctr for the Homeless
 611 E. Adams St
 Jacksonville, FL 32202

Provider Number: 686032000
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

I.M. Solzbacher
 Beaches Community Healthcare
 611 E. Adams Street
 Jacksonville, FL 32202

Provider Number: 686032002
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

St. Joseph Care of Florida - Garrison Ave
 2475 Garrison Avenue
 Port St. Joe, FL 32546

Provider Number: 686728600
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

St. Joseph Care of Florida - Lake Avenue
 2475 Garrison Avenue
 Port St. Joe, FL 32546

Provider Number: 686728602
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Fourth Street
 2475 Garrison Avenue
 Port St. Joe, FL 32546

Provider Number: 686728604
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Health Care Centers for Homeless - Westmoreland

Provider Number: 687429100

Date: 10/01/2012

234 N. Orange Blossom Trail

Fiscal Year End: N/A

Orlando, FL 32805

Audit 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			

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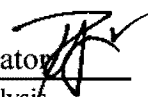
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for Homeless - Parramore
 234 N. Orange Blossom Trail
 Orlando , FL 32805

Provider Number: 687429102
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Northeast Florida Health Svc - Pierson Medical Center

Provider Number: 687955100

Date: 10/01/2012

PO Box 527

Fiscal Year End: N/A

Pierson, FL 32180

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Northeast Florida Health Svcs - West Plymouth Ave

Provider Number: 687955102

Date: 10/01/2012

PO Box 527

Fiscal Year End: N/A

Pierson, FL 32180

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			

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services, Inc. - Deltona

 PO Box 527
 Pierson, FL 32180

Provider Number: 687955104
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pinellas County Board-Mobile Med Unit
 647 1st Ave. North
 St. Petersburg, FL 33701

Provider Number: 688412100
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
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			

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

Citrus Health Network
 4175 W. 20th Avenue
 Hiialeah, FL 33012

Provider Number: 688571300
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network

Provider Number: 688571302

Date: 10/01/2012

551 West 51st Street Place, Second Floor

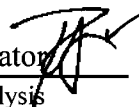
Fiscal Year End: N/A

Hialeah, FL 33012

Audit 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			

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

Citrus Health Network
 4175 W. 20th Ave.
 Hiialeah, FL 33012

Provider Number: 688571304
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Citrus Health Network, Inc.

 4175 West 20th Ave.
 Hialeah, FL 33012

Provider Number: 688571306
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance, Inc
 5270 Babcock St NE
 Palm Bay, FL 32905

Provider Number: 688693100
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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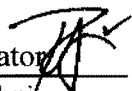
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - Hickory
 17 Silver Palm Ave.
 Melbourne, FL 32901

Provider Number: 688693102
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

The Brevard Health Alliance - County Clinic

Provider Number: 688693106

Date: 10/01/2012

15 Rosa L. Jones Drive
 Cocoa, FL 32922

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

The Brevard Health Alliance - Mobile Unit
 15 Rosa L. Jones Drive
 Cocoa, FL 32922

Provider Number: 688693108
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance
 705 Blake Ave, Ste G
 Cocoa , FL 32922

Provider Number: 688693110
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - N. Washington Ave
 PO Box 1137
 Melbourne, FL 32902

Provider Number: 688693112
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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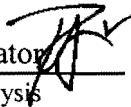
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard Health Alliance
 PO Box 1137
 Melbourne, FL 32901

Provider Number: 688693114
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Pancare of Florida

 2309 E. 15th Street
 Panama City , FL 32405

Provider Number: 689693600
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Pancare of Florida, Inc.
 Dental
 707 Jenks Ave., Suite A
 Panama City, FL 32401

Provider Number: 689693603
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

PanCare of Florida - Santa Rosa Bch
 CHC - Walton County
 361 Greenway Trail
 Santa Rosa Beach, FL 32401

Provider Number: 689693604
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

PanCare of Florida - Bruce
 431 Oak Ave.
 Panama City, FL 32401

Provider Number: 689693605
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Agape Community Health Center

Provider Number: 690556100

Date: 10/01/2012

1760 Edgewood Ave West

Fiscal Year End: N/A

Jacksonville, FL 32208

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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			

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

Trenton Medical Center, Inc. - Bell Family Healthcare

Provider Number: 690595100

Date: 10/01/2012

1830 N. Main Street

Fiscal Year End: N/A

Bell, FL 32619

Audit 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			

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

Central Florida Health Care - Lakeland OB/GYN
 950 Co. Road 17A West
 Avon Park, FL 33825

Provider Number: 691835200
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Lakeland

Provider Number: 691835202

Date: 10/01/2012

950 Co. Road 17A West

Fiscal Year End: N/A

Avon Park, FL 33825

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:

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

Rate Type :

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

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care Inc.
 CFHC - Winter Haven Center
 1514 1st Street North
 Winter Haven, FL 33881

Provider Number: 691835204
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

Central Florida Health Care
 Lake Wales Dental
 225 Lincoln Ave
 Lake Wales, FL 33853

Provider Number: 691835206
 Date: 10/01/2012
 Fiscal Year End: N/A
 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			

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

North Florida Med. Ctr - Taylor Medical

Provider Number: 692957500

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			

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

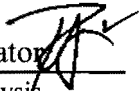
Escambia Community Clinics

 2200 N. Palafox St
 Pensacola, FL 32514

Provider Number: 692990700
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Escambia Community Clinics, Inc.
 Santa Rosa Community Clinic
 2200 North Palafox Street
 Pensacola, FL 32501

Provider Number: 692990702
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Escambia Community Clinics, Inc

Provider Number: 692990704

Date: 10/01/2012

2200 N. Palafox Street

Fiscal Year End: N/A

Pensacola, FL 32501

Audit 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			

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

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.
 Lanza Pediatrics
 2200 N. Palafox Street
 Pensacola , FL 32501

Provider Number: 692990705
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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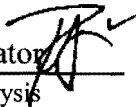
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.
 Lakeview Medical Clinic
 2200 N. Palafox Street
 Pensacola, FL 32501

Provider Number: 692990706
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

Escambia Community Clinics
 Urgent Care
 2200 North Palafox Street
 Pensacola, FL 32501

Provider Number: 692990708
 Date: 10/01/2012
 Fiscal Year End: N/A
 Audit 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			

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

North Florida Med Ctr - Crestview Med Center

Provider Number: 693564800

Date: 10/01/2012

535 John Knox Rd

Fiscal Year End: N/A

Tallahassee, FL 32303

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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:

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

Rate Type :

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

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