

Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Hendry County Hospital Authority		Provider Number:		000640100
Hendry Regional Convenient Care Center	Hendry Regional Convenient Care Center		Date:	10/01/2012
450 S. Main Street, Suite 1		Fiscal Y		N/A
Labelle, FL 33935		Audit Status: N/A		
Provider Type:	77 98 989 98111	Current Rate	New Rate	Effective Date
Rural Health Clinic		\$114.10	\$114.78	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	pective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Assessed Newscan House Date		rim it based on costs		
	Settlemen	ti based on costs		7 /
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				



Medicaid Reimburser	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Adventist Health System		Provider 1	Number:	000707900	
Family Practice Center of Avon Park			Date:	10/01/2012	
1006 W. Pleasant Street		Fiscal Y		N/A	
Ayon Park, FL 33825		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		\$77.77	\$78.24	10/01/2012	
Swing-Bed Provider					
Federally Qualified Health Centers			400_100_		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
			- A		
Basis:	Rate Type:				
Budget	X Prospectiv	⁄e			
Unaudited costs	X Total F	Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	ent based on costs			
		dell Samuel, Ad	ministrator	R	
		id Cost Reimbursen			
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Fiscal Y		002351900 10/01/2012 N/A N/A
	Current Rate	New Rate	Effective Date
	\$130.91	\$131.70	10/01/2012
'S			
<u> </u>			
#651 Routine Home Care #652 Continuous Home Care			
#655 Inpatient Respite Care			
4			
Rate Type :		484	
	•	lew Costs	
Interim			
Settlemer	it based on costs		
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	X Prospectiv X Total P Prospectiv Interim Total Interim Settlemen W. Ry	Rate Type: X Prospective X Total Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Rate Type: X Prospective You prospective Prospective Adjusted for New Costs Interim Total Interim

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Starke HMA, LLC		Provider l	Number:	002352500
Shands Starke RHC		Date: 10/01/202		
1550 S. Water Street		Fiscal Y		N/A
Starke, FL 32091	Audit Status: N/A			N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$161.64	\$162.61	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	R



Adventist Health Systems- FL Hosp. Heartland Med Ctr Florida Hospital Wauchula Pioneer Medical Center 515 Carlton Street Wauchula, FL 33873 Provider Type: Rural Health Clinic		Date: ear End: it Status:	002954700 10/01/2012 N/A N/A
515 Carlton Street Wauchula, FL 33873 Provider Type:	Aud	ear End: it Status:	N/A
Wauchula , FL 33873 Provider Type:	Aud	it Status:	
Provider Type:		The second secon	N/A
	Current Rate		
Rural Health Clinic		New Rate	Effective Date
	\$110.33	\$110.99	10/01/2012
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
			Ware
Basis: Rate Ty	ype:		
Budget X Pro	spective		
Unaudited costs X	Total Prospective		
	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interior X Payment System Rate To	m tal Interim		
A			
Average Nursing Home Rate Set	ttlement based on costs		
-	W. Rydell Samuel, Ad		1
I	Medicaid Cost Reimburser	nent Analysis	•

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Campbellton-Graceville Hospital	Provider Number:	003227500
Campbellton Graceville Hospital Physicans Office	Date:	10/01/2012
5429 College Drive, Suite B	Fiscal Year End:	N/A
Graceville, FL 32440	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.30	\$78.77	10/01/2012
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hendry Family Care Center		Provider Number:		253668401
500 West Sagamore Avenue Clewiston, Fl 33440		Fiscal Y Audi	Date: ear End: t Status:	10/01/2012 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$136.25	\$137.07	10/01/2012
Swing-Bed Provider		A .		
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			No. of the second secon	
	[D_4_7]			
Basis:	Rate Type:			
Budget	X Prospectiv	'e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Translation			
Average Nursing Home Rate	Total Inte	erum nt based on costs		
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		dell Samuel, Ad id Cost Reimbursen	3/1	
	Medica	nd Cost Reimbarsen	ient Anarysip	
Distribution:				
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Contract Management Permanent File				
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Medicaid Reimburse	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Healthmark of Walton		Provider 1		372384401
		T)' 1.57	Date:	10/01/2012
4415 US Hwy 331		Fiscal Y		N/A
DeFuniak Springs, FL 32435		Audi	t Status:	N/A
Provider Type:	V 6 40.	Current Rate	New Rate	Effective Date
Rural Health Clinic		\$142.08	\$142.93	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers	!			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		1		
#656 General Inpatient Care				
#658 Room and Board			a y	
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Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Inte	erim it based on costs		
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			-	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)			



	Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Chipley Rural He	alth Clinic		Provider 1	Number:	660005100
				Date:	10/01/2012
P.O. Box 918			Fiscal Y		N/A
Chipley, FL 324	428		Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Heal	th Clinic		\$101.36	\$101.97	10/01/2012
Swing-Bed	Provider				
Federally Q	Qualified Health Centers				
Hospice Pro	ovider				
#651 Rou	ıtine Home Care				
#652 Cor	ntinuous Home Care				
#655 Inp	atient Respite Care				
#656 Ger	neral Inpatient Care		100		
#658 Roo	om and Board				
Basis:		Rate Type :			
Budget		X Prospectiv	re		
Unaudite	ed costs		rospective		
Desk au	dited costs	Prospec	ctive Adjusted for N	lew Costs	
	dited costs				
	e - Prospective t System Rate	Interim			
	Nursing Home Rate	Total Inte	rim it based on costs		
		Settlemen	ti based off costs		
			dell Samuel, Ad		
		Medica	id Cost Reimbursen	nent Analysis	
Distribution:					
Fiscal Agent					
Contract Manager	ment				
Permanent File	mont				
Program Develop	ancht.				
For informa	ation Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rate	s for Non-Institut	ional Provide	e <u>rs</u>
Blountstown Family Practice		Provider 1	Provider Number: Date:	
17808 NE Charley Johns St		Fiscal Y	ear End:	10/01/2012 N/A
Blountstown, FL 32424		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$77.52	\$77.99	10/01/2012
Swing-Bed Provider		\$11.32	\$11.33	10/01/2012
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	-			
#658 Room and Board	- Alexandra	, de	- Attalia - con -	
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs	X Total	Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
Average Nuising Home Rate	Settleme	ent based on costs		
	WR	ydell Samuel, Ad	ministrator	R/
		aid Cost Reimbursen		,
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Fiscal Ye Audi rent Rate \$77.52	Date:	660037901 10/01/2012 N/A N/A Effective Date 10/01/2012
Audi	t Status: New Rate	N/A Effective Date
rent Rate	New Rate	Effective Date
\$77.52	\$77.99	10/01/2012
ctive		
Adjusted for N	ew Costs	
d on costs		
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Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Quincy Medical Group		Provider 1	Number:	660037902
			Date:	10/01/2012
178 LaSalle Lafall Dr		Fiscal Y		N/A
Quincy, FL 32351		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$77.52	\$77.99	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	annous (TT)			V
Basis:	Rate Type :	NAME OF THE PROPERTY OF THE PR		
Data is	react Type .			
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Tatal Inte			
Average Nursing Home Rate	Total Inte	it based on costs		
		A		Z /
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen	nt Per I	Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Wakulla Family Medicine			Provider 1		660037903
			D: 137	Date:	10/01/2012
15 Council Moore Rd			Fiscal Y		N/A
Crawfordville, FL 32327			Audi	t Status:	N/A
Provider Type:	AMP COLUMN		Current Rate	New Rate	Effective Date
Rural Health Clinic			\$77.52	\$77.99	10/01/2012
Swing-Bed Provider					
Federally Qualified Health Centers	***************************************				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care				***************************************	
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Ra	te Type :			
Budget	X	Prospectiv	e		
Unaudited costs	X	Total P	rospective		
Desk audited costs		Prospec	tive Adjusted for N	lew Costs	
Field audited costs					
Medicare - Prospective X Payment System Rate		Interim Total Inte	****		
Average Nursing Home Rate	****	_	t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			dell Samuel, Ad id Cost Reimbursen		R
Program Development:					
For information Only (No Change in rate)					



Florida Agency for Health Care Administration

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

	ear End: it Status: New Rate \$78.96	10/01/2012 N/A N/A Effective Date 10/01/2012
Current Rate	New Rate	Effective Date
\$78.49	\$78.96	10/01/2012
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ospective		
ive Adjusted for N	lew Costs	
i	we Adjusted for N	ve Adjusted for New Costs



<u>Medicaid Reimbursen</u>	<u>nent Per Diem Rate</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
N. Okaloosa Medical Center 650 Hwy 331 South DeFuniak, FL 32435		Provider I Fiscal Y Audi	Date:	660058100 10/01/2012 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$78.49	\$78.96	10/01/2012
Swing-Bed Provider		\$70.42	\$10.70	10/01/2012
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :	144		**************************************
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe	Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	***************************************	ydell Samuel, Ad aid Cost Reimburser	ministrator	R



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family Health	sement Fer Diem Rates	Provider l		660074300
			Date:	10/01/2012
P.O. Box 2177		Fiscal Y	ear End: t Status:	N/A
Arcadia, Fl 34265		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$77.53	\$78.00	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Center	rs			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		Table 1		
Basis:	Rate Type :			Fishermone Fishermone
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inte	erim It based on costs		
	Settlemen	it based on costs		
	W Ps	dell Samuel, Ad	ministrator	R/
		id Cost Reimbursen		
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Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in ra	te)			



Medicaid Reimburs	ement Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Lake Butler Hospital RHC		Provider I Fiscal Y	660083200 10/01/2012 N/A	
Lake Butler, FL 32054		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$154.06	\$154.98	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers	3			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<u> </u>	ydell Samuel, Ad aid Cost Reimbursen	ministrator	
For information Only (No Change in rate)			



Medicaid Reimbur	sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Doctors' Memorial Hospital		Provider l	Number:	660092100
Steinhatchee Family Center			Date:	10/01/2012
1209 1st Avenue South		Fiscal Y		N/A
Steinhatchee, Fl 32359		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$270.07	\$271.69	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Cente	rs			
Hospice Provider				
#651 Routine Home Care	THE STATE OF THE S			
#652 Continuous Home Care				-
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	W			
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte	.rim		
Average Nursing Home Rate				
	W. Ry	dell Samuel, Ad	ministrator	RV
Distribution: Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in ra	ite)			



Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Madison Memorial Health Care		Provider 1	Number: Date:	660093000 10/01/2012
194 NE Hancock Ave		Fiscal Y	-	N/A
Madison, FL 32340		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$112.88	\$113.56	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Cente	ers			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
Distribution:		vdell Samuel, Ad id Cost Reimbursen	ministrator	R'
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in r	ate)			



Fiscal		660123500 10/01/2012 N/A N/A Effective Date 10/01/2012
Current Rat	udit Status:	N/A N/A Effective Date
Current Rat	te New Rate	Effective Date
\$149.75	5 \$150.65	10/01/2012
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spective		
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Prospective Adjusted fo	r New Costs	
	m etal Interim ttlement based on costs	espective Total Prospective Prospective Adjusted for New Costs m etal Interim



Medicaid Reimb	<u>ursement Per Diem Rate</u> s	s for Non-Institut	<u>ional Provide</u>	ers
Doctor's Memorial Family Practice 1702 S. Jefferson St.			Date: ear End:	660124300 10/01/2012 N/A
Perry, FL 32348		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$101.36	\$101.97	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Cen	ters			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		-
Basis:	Rate Type :			· · · · · · · · · · · · · · · · · · ·
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				

	Interim Total Inte	erim nt based o	on costs	
		ydell Samuel, Ad aid Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



Medicaid Reimburs	<u>ement Per Diem Rate</u>	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Nature Coast Family Health Services 125 S.W. 7th Street Williston, FL 32696			Number: Date: ear End: t Status:	660137500 10/01/2012 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$114.43	\$115.12	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Center	S			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :		•	4.200
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	ProspeInterimTotal Inte	Prospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	*****	ydell Samuel, Ad aid Cost Reimbursen	ministrator	R



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Medicaid Reimburs	ement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	ers	
Doctor's Memorial Internal Medicine		Provider Number: Date:		660138300 10/01/2012	
402 E. Ash St		Fiscal Year End:		N/A	
Perry, FL 32347		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		\$101.36	\$101.97	10/01/2012	
Swing-Bed Provider					
Federally Qualified Health Center	S				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	X Prospective			
Unaudited costs X Total I		Prospective			
		ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Interim X Payment System Rate Total Int					
Average Number Home Date		Interim ment based on costs			
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		dell Samuel, Ad			
	Modice	ind Cost (Computer Sch	nont marysp		
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
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For information Only (No Change in rate	e)				