

	Fiscal Ye Audi  Current Rate  \$74.23	Date: ear End: t Status:  New Rate	10/01/2012 N/A N/A
	Audi Current Rate	t Status:	N/A
		New Rate	Particular and a second a second and a second a second and a second a second and a second and a second and a
	\$74.23		Effective Date
	Ψ / T• Δi J	\$74.68	10/01/2012
			: 2
Rate Type:			
X Prospecti	ve		
	•		
Prospe	ective Adjusted for N	ew Costs	
Interim			
Settleme	nt based on costs		
			R/
Medic	aid Cost Reimbursen	ient Analysis	
	X Total I Prospe  Interim Total Int Settleme  W. R	X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad	X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim



	Provider 1	Number:	000255800
		Date:	10/01/2012
	Fiscal Y		N/A
	Audi	t Status:	N/A
41 %	Current Rate	New Rate	Effective Date
	\$74.23	\$74.68	10/01/2012
		WINDOWS AND THE PROPERTY OF TH	
		<del></del>	
Rate Type:			
X Prospectiv	re		
Prospe	ctive Adjusted for N	lew Costs	
	X Prospectiv X Total P Prospec	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim



<u>Medicaid Reimb</u>	ursement Per Diem Rate	s <u>for Non-Institut</u>	ional Provide	ers .
Acute Care Pediatrics of Palm Coast, F	PA	Provider 3	Number:	000387200
			Date:	10/01/2012
397 SW Palm Coast Parkway, #309			ear End:	N/A
Palm Coast, FL 32137		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.23	\$74.68	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Cen	iters			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		- :		
#656 General Inpatient Care		1		
#658 Room and Board		1		
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Int	erim nt based on costs		
		ydell Samuel, Ac	ministrator	<b>R</b>
	***************************************	aid Cost Reimburser		<del> </del>
	TVICATO	and Cook Helmourse.		
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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Tallahassee, Florida 32308

Medicaid Reimburs	ement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Healthflo Medical Clinic, Inc.		Provider 1	Number:	000997400
Ridge Manor Medical Clinic			Date:	10/01/2012
34498 Cortez Blvd		Fiscal Y		N/A
Ridge Manor, FL 33523		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.23	\$74.68	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers	\$			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			***************************************	
#655 Inpatient Respite Care			- Westername	
#656 General Inpatient Care	_			
#658 Room and Board			* ( 19) Not a Approxy 1000	
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	***************************************	nt based on costs		
		/dell Samuel, Ad	ministrator	
D': 4 'H - 4'				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
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Medicaid Reimb	ursement Per Diem Rates	for Non-Institut	ional Provide	ers
Little Pine Pediatrics, PLLC		Provider 1	-	001165800
		T: 137	Date:	10/01/2012
1211 North Center Street		Fiscal Y	ear End: t Status:	N/A
Perry, FL 32347		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.23	\$74.68	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Cen	ters			
Hospice Provider			Nananananananan	
#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 I	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte	i.n		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File	W. R	/dell Samuel, Ad aid Cost Reimburser		
Program Development:				
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Contract Management 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 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

***************************************	ement fer Diem Kates			
Roger C. Roque, MD PA		Provider 1		001263800
St. Francis Primary Care Clinic		Einaal V	Date:	10/01/2012
720 North Bay Street, Suite 8		Fiscal Y	ear End: It Status:	N/A N/A
Eustis, FL 32726		Audi	u Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.23	\$74.68	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	A			
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospective Adjusted for New Costs			
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
		->>		
	W Rs	dell Samuel, Ad	ministrator	K.
		id Cost Reimbursen		<del> </del>
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Distribution:				
Fiscal Agent				

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Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Premier Medical Pediatric Clinic, Inc.		Provider 1	Date:	001496800 10/01/2012
315 E. Ash Street		Fiscal Y		N/A
Perry, FL 32347		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.23	\$74.68	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	***************************************	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		
		vdell Samuel, Ad aid Cost Reimbursen	ministrator	
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
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	Medicaid Reimbursemen	t Per Diem Rates			<u>rs</u>
Avon Park , FL 33825  Provider Type:  X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board   Rate Type:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Current Rate  New Rate  Effective Date  Effective Date  New Rate  Folda (Staus)  Interim  Total Interim  Settlement based on costs  W. Rydell Samuel, Administrator  W. Rydell Samuel, Administrator	Avon Park Pediatrics, PA		Provider ]		
Avon Park , FL 33825  Provider Type:  X Rural Health Clinic Syd.15 Syd.59 10/01/2012 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #658 Room and Board    Rate Type:	1571 US Hwy 27 North		Fiscal Y	ear End:	N/A
X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #658 Room and Board     Basis:	Avon Park, FL 33825		Audi	t Status:	N/A
Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board     Rate Type:	Provider Type:		Current Rate	New Rate	Effective Date
Hospice Provider	X Rural Health Clinic		\$74.15	\$74.59	10/01/2012
Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board     Basis:	Swing-Bed Provider				
#651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board     Basis:	Federally Qualified Health Centers				
#652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board    Rate Type :	Hospice Provider		The state of the s		
#655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board    Rate Type :	#651 Routine Home Care		2		
#656 General Inpatient Care  #658 Room and Board    Rate Type :	#652 Continuous Home Care		•		
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Rate Type:  X Prospective X Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Administrator	#655 Inpatient Respite Care				
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective X Payment System Rate Total Interim Average Nursing Home Rate W. Rydell Samuel, Administrator  W. Rydell Samuel, Administrator	#656 General Inpatient Care				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator  W. Rydell Samuel, Administrator	#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator  W. Rydell Samuel, Administrator					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator  W. Rydell Samuel, Administrator	Basis:	Rate Type:			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator  W. Rydell Samuel, Administrator	Budget	X Prospectiv	/e		
Field audited costs  Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator  W. Rydell Samuel, Administrator	Unaudited costs	X Total P	rospective		
Medicare - Prospective  X Payment System Rate Average Nursing Home Rate  Total Interim Settlement based on costs  W. Rydell Samuel, Administrator	Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs  W. Rydell Samuel, Administrator					
Average Nursing Home Rate  Settlement based on costs  W. Rydell Samuel, Administrator					
W. Rydell Samuel, Administrator					
		Settlemer W. Ry	nt based on costs  vdell Samuel, Ad		R
	Distribution				
Distribution					
Distribution: Fiscal Agent					
Fiscal Agent	Permanent File				
Fiscal Agent Contract Management Permanent File	Program Development:				
Fiscal Agent Contract Management Permanent File					
Fiscal Agent Contract Management Permanent File	For information Only ( No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
North Florida Pediatrics - Lake City		Provider l	Number:	001532500
			Date:	10/01/2012
1859 SW Newland Way			ear End:	N/A
Lake City, FL 32025		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.44	\$78.91	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	ve		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	• . •			
Medicare - Prospective X Payment System Rate	Interim Total Inte	arim		
Average Nursing Home Rate	**************************************	nt based on costs		
		ydell Samuel, Ad		
	Medica	iia Cost Reimbursen	nent Anatysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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Medicaid Reimburseme	ent Per <u>Diem Rate</u>			ers
North Florida Pediatrics - Jasper		Provider 1		001534800
1117 UC Highway 41 NW Cuita D		Fiscal Y	Date: ear End:	10/01/2012 N/A
1117 US Highway 41 NW, Suite B			t Status:	N/A N/A
Jasper, FL 32052				1471
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.44	\$78.91	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				de la ba
Basis:	Rate Type :			
Budget	X Prospecti	ive		
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	Total In			
Average Nursing Home Rate	Settleme	ent based on costs		
	W D			R/
	······	ydell Samuel, Ad		<del> </del>
	Medic	aid Cost Reimbursen	nent Analysis	-
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
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### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA	Provider Number:	001589500
Suncoast Primary Care Specialists - Inverness	Date:	10/01/2012
3733 Gulf To Lake Hwy.	Fiscal Year End:	N/A
Inverness, FL 34453	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.21	\$74.66	10/01/2012
Swing-Bed Provider			
<b>Federally Qualified Health Centers</b>			
Hospice Provider	• • • •		
#651 Routine Home Care			
#652 Continuous Home Care	) •		
#655 Inpatient Respite Care	s ,		
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

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Medicaid Reimburs	emen <u>t Per Diem Rate</u> s	for Non-Institut	ional Provide	<u>rs</u>
Tri County Primary Care, Inc.		Provider 1	Number:	001768600
Tri County Primary Care - Dixie Co.			Date:	10/01/2012
306 NE Hwy 351			ear End:	N/A
Cross City, FL 32628		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.21	\$74.66	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Center	·s			
Hospice Provider			page	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				:
#656 General Inpatient Care		!		
#658 Room and Board	TO CONTRACTOR STREET, AND ADMINISTRATION OF THE STREET, AND ADMINISTRATION		A . 14	
				W V - WWW W - W - W - W - W - W - W - W
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	•			
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim it based on costs		
	Settlemen	it based on costs		
	W. R	dell Samuel, Ad	ministrator	Fr.
		nid Cost Reimbursen		
70.00				
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
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Tallahassee, Florida 32308

Medicaid Reimbursement	Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Access Health Care - Lake Panasoffkee		Provider Number: Date:		002070500 10/01/2012
1310 N. County Road 470		Fiscal Y		N/A
Lake Panasoffkee, FL 33538	Audit Status: N/A		N/A	
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic	- I - I - I - I - I - I - I - I - I - I	\$74.22	\$74.67	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:		400	
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim it based on costs		
	Settleme	it based on costs		P.,
		dell Samuel, Ad	ministrator	
	Medica	nid Cost Reimbursen	nent Analysis	l
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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Tallahassee, Florida 32308

Medicaid Reimbursemer	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Access Health Care - Beverly Hills		Provider Number: Date:		002070600 10/01/2012	
6279 N. Lecanto Hwy		Fiscal Y		N/A	
Beverly Hills, FL 34465	Audit Status: N/A		N/A		
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.22	\$74.67	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			т		
#658 Room and Board					
Basis:	Rate Type:				
Budget	X Prospectiv	ve			
Unaudited costs	X Total P	rospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs	*				
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Interim Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	***************************************	vdell Samuel, Ad iid Cost Reimbursen		<b>P</b>	
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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 Reimbi	irsement Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>	
Wakulla Urgent Care and Diagnostic Ctr PLC		Provider 1	002074400 10/01/2012		
2615 Crawfordville Hwy, Suite 103		Fiscal Y		N/A	
Crawfordville, FL 32327		Audit Status:		N/A	
Provider Type:	100	Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.22	\$74.67	10/01/2012	
Swing-Bed Provider					
Federally Qualified Health Cent	ters				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care		1			
#655 Inpatient Respite Care					
#656 General Inpatient Care			***************************************		
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospecti	√e			
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 Average Nursing Home Rate	Total Int				
Average Nursing Frome Rate	Settleme	nt based on costs			
	W. D.	1110		R/	
		ydell Samuel, Ad aid Cost Reimbursen		<del> </del>	
	Medic	aid Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in	rate)				



Tallahassee, Florida 32308

	Medicaid Reimbursen	nent Per Di	em Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Ernest R Gonza	lez, MD			Provider 1	Number: Date:	002295300
800 Zeagler Dri	ve Suite 600			Fiscal Y		10/01/2012 N/A
Palatka, FL 3	•	Audit Status: N/A				
Provider Type	2:	W 10 10 10 PE 101		Current Rate	New Rate	Effective Date
X Rural He	alth Clinic			\$74.22	\$74.67	10/01/2012
Swing-Be	d Provider					
Federally	Qualified Health Centers					
Hospice P	rovider					
#651 Re	outine Home Care					
#652 Co	ontinuous Home Care					
#655 In	patient Respite Care					
#656 G	eneral Inpatient Care					
#658 Re	oom and Board					
		• • • • • • • • • • • • • • • • • • • •				
Basis:		Rate	e Type :			
Budge	t :	X	Prospectiv	⁄e		
Unaud	ited costs	X	Total F	rospective		
	udited costs		_ Prospe	ctive Adjusted for N	lew Costs	
	audited costs are - Prospective	Ir	nterim			
X Payme	ent System Rate	***************************************	Total Inte	erim		
Averag	e Nursing Home Rate		Settleme	nt based on costs		The second secon
				vdell Samuel, Ad		
					<del></del>	
Distribution:						
Fiscal Agent Contract Manag	gement					
Permanent File						
Program Develo	opment:					
For inform	nation Only ( No Change in rate)					



Medicaid Reimb Sun n Lake Medical Group - Lake Place	<mark>ursement Per <u>Diem Rate</u> eid</mark>	<b>s for Non-Institut</b> Provider 1		002335400
•			Date:	10/01/2012
511 West Interlake Blvd.			ear End:	N/A
ake Placid, FL 33852		Audi	it Status:	N/A
Provider Type:	. / ///	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.22	\$74.67	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Cer	ters	d and a second		
Hospice Provider				
#651 Routine Home Care		•		
#652 Continuous Home Care				
#655 Inpatient Respite Care				, , , , , , , , , , , , , , , , , , , ,
#656 General Inpatient Care				
#658 Room and Board		,	- WANTED	
	www.			
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	<b>.</b>		
Average Nursing Home Rate	Total Int	nt based on costs		
	<del></del>	ydell Samuel, Ad aid Cost Reimburser		F/
<u>Distribution:</u> Fiscal Agent				
Contract Management			*	
Permanent File				
Program Development:				
For information Only ( No Change in	ı rate)			



Medicaid Reimburser	nent <u>Per Diem Rate</u>	s for Non-Institut	ional Provide	ers
Health & Wellcare Services of Florida, Inc		Provider ]	Number: Date:	002711800 10/01/2012
5915 W. Gulf to Lake Hwy		Fiscal Y		N/A
Crystal River, FL 34429				N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.17	\$74.62	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 Prospecti	ve		
Unaudited costs	***************************************	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Int	erim nt based on costs		
	W. R	ydell Samuel, Ac		R.
			· •	
<b>Distribution:</b>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Pediatric & Internal Medicine Specialists, PA		Provider Number: Date:		002952100 10/01/2012
PO Box 2066		Fiscal Y		N/A
Lecanto, FL 34461		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.37	\$74.82	10/01/2012
Swing-Bed Provider				í ! !
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			7 M - 1 Marine 1901 1907 - 1 Marine 1901	.//
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs	***************************************	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Todayidan			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen	ministrator	
For information Only (No Change in rate)				



Provider 1		002983100
Eignal V		10/01/2012
		N/A N/A
Audi	t Status.	IN/ PA
Current Rate	New Rate	Effective Date
\$74.17	\$74.62	10/01/2012
Ì		
etive Il Prospective pective Adjusted for N  Interim ment based on costs	lew Costs	
	Fiscal Y Audi  Current Rate \$74.17  Stive Il Prospective pective Adjusted for Nonterimment based on costs  Rydell Samuel, Ad	\$74.17 \$74.62



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Dorothy J. Ray, MD		Provider 1	Number:	002983300
Pediatric Associates of Lakeland			Date:	10/01/2012
2140 East Edgewood Drive			ear End:	N/A
Lakeland, FL 33803		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.17	\$74.62	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		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	nt based on costs		
				PV
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)



Medicaid Reimbursem	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Mohammad Afzal		Provider 1	Number:	003102600
Excel Pediatrics & Family Care - TAVARES	S		Date:	10/01/2012
2523 Dora Ave			ear End:	N/A
Tavares, FL 32778		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.17	\$74.62	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		1		
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	·	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	anisaa		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen	ministrator	R
For information Only ( No Change in rate)				



Medicaid Reimbursement Per Diem Rates West Florida Medical Associates, PA		Provider 1	Provider Number: 00312 Date: 10/01/		
402 W. Highland Blvd.			Fiscal Year End: N/A		
Inverness, FL 34452		Audi	Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.37	\$74.82	10/01/2012	
Swing-Bed Provider					
Federally Qualified Health Cente	rs				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care			ntantie		
#658 Room and Board					
Basis:	Rate Ty	ne :	WIII 3 III		
Budget	***************************************	pective			
Unaudited costs  Desk audited costs	***************************************	otal Prospective rospective Adjusted for N	lew Costs		
Field audited costs		rospective Aujusted for N	icw costs		
Medicare - Prospective	Interin	1			
X Payment System Rate	Total	al Interim			
Average Nursing Home Rate	Sett	element based on costs	and the . There is the property of parts a simulation streams.		
	77	17 D-1-11 C1 A 1		R/	
		V. Rydell Samuel, Ad Iedicaid Cost Reimbursen			
	10	redicald Cost Reinbursen	nent Anatysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Program Development.					



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	rs
Premier Pediatrics, LLC		Provider Number: Date:		003198500 10/01/2012
7960 SW 60th Ave.		Fiscal Y		N/A
Ocala, FL 34476		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.40	\$74.85	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	4-44-44-44-44-44-44-44-44-44-44-44-44-4			:
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			A VINITAL VINI	
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs	X	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Todanina			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad id Cost Reimbursen	ministrator	Pr.
For information Only ( No Change in rate	)			



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
High Springs Pediatrics, LLC		Provider l	Number:	003432700
			Date:	10/01/2012
210 NW 1st Ave.		Fiscal Y		N/A
High Springs, FL 32643		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.37	\$74.82	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	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		
			- h	RV
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Romulo J. Camogliano, MD PA		Provider 1	Number: Date:	003492200 10/01/2012
1400 N US Highway 441, Bldg 900, Suite 902		Fiscal Y		N/A
The Villages, FL 32159		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.37	\$74.82	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			<u> </u>	
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad		R
District and an				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Grace Healthcare Solutions, Inc.		Provider Number:		003557700
		Date: 10/01/2012		
7368 State Road 15, US 441		Fiscal Y	ear End: t Status:	N/A
Pahokee, FL 33476		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.39	\$74.84	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	A			
		A1		
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim nt based on costs		
	Settlemen	nt based on costs		RV
		ydell Samuel, Ad		
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



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

West Florida Medical Associates, PA		Provider 1	Number:	003682000
Suncoast Primary Care Specialists - Homasassa			Date:	10/01/2012
7991 S. Suncoast Blvd.		Fiscal Y	ear End:	N/A
Homasassa, FL 34446		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.37	\$74.82	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			The state of the s	
#658 Room and Board				
	The second secon		THE STATE OF THE S	·
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs		ective Adjusted for N	lew Costs	
Field audited costs		•		
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
	W D	vdell Samuel, Ad	The state of the s	Ru

Medicaid Cost Reimbursement Analysis

**Distribution:** 

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimburseme	nt Per <u>Diem R</u>	ates for Non-Institut	ional Provide	<u>rs</u>	
Ira Fialko, DO, PA	Ira Fialko, DO, PA		Provider Number: Date:		
6171 West Gulf to Lake Highway		Fiscal Y	ear End:	10/01/2012 N/A	
-			it Status:	N/A	
Crystal River, FL 34429					
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.59	\$75.04	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 Typ	e :			
Budget	X Prosp	ective			
Unaudited costs	X To	tal Prospective			
Desk audited costs	Pro	spective Adjusted for N	lew Costs		
Field audited costs	-				
Medicare - Prospective	Interim				
X Payment System Rate		Interim			
Average Nursing Home Rate	Settle	ement based on costs			
	W	Devilati Commol. A d	lanciani estama to arti	R	
	***************************************	. Rydell Samuel, Acedicaid Cost Reimburser		<del> </del>	
<b>Distribution:</b>					
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Program Development.					
For information Only ( No Change in rate)					



Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Horizon Pediatrics LLC		Provider 1	Number: Date:	004690000 10/01/2012
611 Demorest Street SE		Fiscal Y	ear End:	N/A
Live Oak, FL 32064		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.59	\$75.04	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 Prospecti	ve		
Unaudited costs	***************************************	Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Int	terim		
Average Nursing Home Rate	Settleme	ent based on costs		
Distribution:		ydell Samuel, Ad aid Cost Reimburser		
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only ( No Change in rate)				



	Medicaid Reimburs	ement Per Diem Ra			rs
Mohammad Afz	*		Provider 1		004770700
Professional Ped			E:1 X	Date:	10/01/2012
1050 US HWY 2			Fiscal Y	ear End: t Status:	N/A
Clermont, FL	34714		Audi	i Status.	N/A
Provider Type			Current Rate	New Rate	Effective Date
X Rural Hea	ılth Clinic		\$74.59	\$75.04	10/01/2012
Swing-Bed	d Provider				
Federally	Qualified Health Centers	S			
Hospice P	rovider			- 10000000	1
#651 Ro	outine Home Care	THE PROPERTY OF THE PROPERTY O			
#652 Co	ontinuous Home Care				
#655 In	patient Respite Care				
#656 Ge	eneral Inpatient Care				
#658 Ro	oom and Board				
Basis:		Rate Type	:		, , , , , , , , , , , , , , , , , , , ,
Budget	1	X Prospec	ctive		
Unaudi	ited costs	X Tota	l Prospective		
	udited costs	Pros	pective Adjusted for N	lew Costs	
	udited costs				
	nre - Prospective nt System Rate	Interim			
	e Nursing Home Rate	Total I	nterim nent based on costs		
and the second s			Rydell Samuel, Adicaid Cost Reimbursen		Rr.
Distribution:					
Fiscal Agent					
Contract Manag	ement				
Permanent File					
Program Develo	pment:				
For inform	nation Only ( No Change in rate	e)			



Medicaid Reimburse	ment Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Afzal Mohammad MD		Provider 1	Number:	004771000
Tavares Pediatrics Inc			Date:	10/01/2012
2523 Dora Ave		Fiscal Year End: N/A Audit Status: N/A		
Tavares, FL 32778		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.59	\$75.04	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	No. 10 10 10 10 10 10 10 10 10 10 10 10 10			
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Int	arim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		R.
For information Only (No Change in rate)				



Medicaid Rei	nbursement Per Diem Rates	s for Non-Institut	ional Provide	ers
West Florida Medical Assoc. PA		Provider Number:		005919400
			Date:	10/01/2012
3775 N. Lecanto Hwy			ear End:	N/A
Beverly Hills, FL 34465		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.59	\$75.04	10/01/2012
Swing-Bed Provider				1
Federally Qualified Health C	enters			£
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Ca	re			
#655 Inpatient Respite Car	<b>.</b> е		·	
#656 General Inpatient Ca	re			
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Average Nursing Home Rate				
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	W. Ry	nt based on costs		R
	Medica	iid Cost Reimburser	nent Analysis	1
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only ( No Change	e in rate)			



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

West Floria Medical Associates, PA	Provider Number:	005951500
Deven Medical Center	Date:	10/01/2012
11707 N. Williams Street, Suite 2	Fiscal Year End:	N/A
Dunellon, FL 34432	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.59	\$75.04	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 Prospective			
Unaudited costs	X Total Prospective			
Desk audited costs	Prospective Adjusted for New Costs			
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs	Settlement based on costs		

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Kids Health Alliance, PA		Provider 1		006247200		
		m: 1 x z	Date:	10/01/2012		
2650 NW 2nd Street, Suite 100		Fiscal Y		N/A		
Ocala, FL 34475		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		\$74.59	\$75.04	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						
				77		
Basis:	Rate Type:					
Budget	X Prospectiv	/e				
Unaudited costs			Prospective			
Desk audited costs	Prospective Adjusted for New Costs					
Field audited costs						
Medicare - Prospective X Payment System Rate	Interim					
Average Nursing Home Rate	Total Interim Settlement based on costs					
	<del>-</del>	/dell Samuel, Ad		R		
	Medica	uid Cost Reimbursen	nent Analysis			
Distribution:						
Fiscal Agent						
Contract Management						
Permanent File						
Program Development:						
For information Only (No Change in rate)						



Medicaid Reimburse	ment Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Dynamic Health Centers		Provider 1	Number:	006309100
			Date:	10/01/2012
2806 W. US Highway 90, Suite 102			ear End:	N/A
Lake City, FL 32055		Audi	t Status:	N/A
Provider Type:	The state of the s	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.59	\$75.04	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers		i		
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			e N. A.	
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs	X Total Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Ŧ•			
Medicare - Prospective Interim  X Payment System Rate Total Interim				
Average Nursing Home Rate	Total Interim Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		Property of the second
Permanent File				



Medicaid Reimbursement Per Di	em Rates <u>for Non-Institu</u> t	ional Provide	<u>rs</u>
Sonnis Pediatrics PA	Provider ?		006449300
		Date:	10/01/2012
1125 South Sixth Avenue		ear End:	N/A
Wauchula, FL 33873	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.59	\$75.04	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		a to the second second	
Basis: Rate	Type:		
Budget X	Prospective		
Unaudited costs X	Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs			
	terim		
X Payment System Rate Average Nursing Home Rate	Total Interim		
Average Nuising Home Rate	Settlement based on costs	No. of the Control of	
	W. D. 1.11.0		RY
	W. Rydell Samuel, Ac Medicaid Cost Reimburser		
	Medicald Cost Remidalser	iicht Amarysp	
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File Program Development:			
1 rogram Development.			
For information Only ( No Change in rate)			



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Sunshine Pediatrics of Ocala, PA		Provider ]	Number:	006480000
		T	Date:	10/01/2012
1900 SW 20th Place		Fiscal Y		N/A
Ocala, FL 34471		Audi	t Status:	N/A
Provider Type:	W W W W W W W W W W W W W W W W W W W	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.59	\$75.04	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			·····	
#655 Inpatient Respite Care			eters to the character at the contract of the	
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	Υ			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		it based on costs		
1		dell Samuel, Ad		R
	Medica	id Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Program Development.				
For information Only (No Change in rate)				



Medicaid Reimbursen	nent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Trenton Medical Center		Provider 1		029506000
		Eineal V	Date:	10/01/2012
911 S. Main St		Fiscal Y	ear Eng: t Status:	N/A N/A
Trenton, FL 32693		Auu	it Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.86	\$80.34	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		7		
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 X Payment System Rate	Interim Total Int	-arim		
Average Nursing Home Rate		ent based on costs		
		ydell Samuel, Ad aid Cost Reimburser	ministrator/	Pr
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only ( No Change in rate)				



Medicaid Reimburs	ement Per Di	em Rates	for Non-Institut	ional Provide	<u>rs</u>
Advent Christian Home			Provider 1		029511600
			T. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date:	10/01/2012
23730 Park Circle Dr			Fiscal Y		N/A
Dowling Park, FL 32064	•		Augi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
X Rural Health Clinic			\$73.23	\$73.67	10/01/2012
Swing-Bed Provider					
Federally Qualified Health Center	<u>s</u>				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					: 
#656 General Inpatient Care			1		1
#658 Room and Board		****		**************************************	
					- 7.000
Basis:	Rate	e Type :			
Budget	X	Prospectiv	re		
Unaudited costs	X	_	rospective		
Desk audited costs		Prospe	ctive Adjusted for N	ew Costs	
Field audited costs					
Medicare - Prospective X Payment System Rate	In	nterim			
Average Nursing Home Rate		- Total Inte	rim it based on costs		
	The section of the se		rdell Samuel, Ad	ministrator	Pr
		Medica	id Cost Reimbursen	nent Analysis	
Diagram					
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate	e)				



Medicaid Reimburser	ment <u>Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Acorn Rural Health Clinic		Provider 1	Date:	060245101 10/01/2012
23320 North State Road 235		Fiscal Y	ear End: it Status:	N/A N/A
Brooker, FL 32622		Audi	n Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.22	\$77.68	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	4000			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management		vdell Samuel, Ad id Cost Reimbursen	ministrator	
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursem	<u>ent Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Kid's Care Pediatrics		Provider 1	Number:	063363101
			Date:	10/01/2012
6910 Old Wolf Bay Rd		Fiscal Y		N/A
Palatka, FL 32177		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.44	\$78.91	10/01/2012
Swing-Bed Provider				i i i
Federally Qualified Health Centers	40000	,		
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			***************************************	
#656 General Inpatient Care				
#658 Room and Board			and the second s	
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen	ministrator	PV
For information Only ( No Change in rate)				



<u>Medicaid Reimburs</u>	sement Per Diem Rate			rs
Heartland Pediatrics of L.W.		Provider 1		251469901
		Date: Fiscal Year End:		10/01/2012
1356 State Road 60 East			t Status:	N/A N/A
Lake Wales, Fl 33853		ı tudi	t Status.	IN/PA
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic	****	\$69.63	\$70.05	10/01/2012
Swing-Bed Provider			100000	
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		:	200 Mai 100 Mai 200 Ma	
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective  X Payment System Rate	Interim			
Average Nursing Home Rate	Total Int	erim nt based on costs		
		it oused on costs		A STANSON OF THE STAN
		ydell Samuel, Ad	ministrator	
	Medic	aid Cost Reimbursen	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
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Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Heartland Pediatrics of L.P		Provider 1	Number:	253535101
			Date:	10/01/2012
305 US Hwy 27 South		Fiscal Y		N/A
Lake Placid, Fl 33852		Audi	t Status:	N/A
Provider Type:	- An Adapt A spin allows allowed	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.62	\$70.04	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				
	,	W 27-70	THE TOTAL PROPERTY AND ADDRESS AS A STREET OF THE TOTAL PROPERTY AS A STREET OF THE TO	
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate	***************************************	nt based on costs		
		vdell Samuel, Ad	ministrator	RY
		id Cost Reimbursen		
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rate	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>	
MJS Trust	Provider 1	Number: Date:	259715200 10/01/2012	
3750 US 27 North	Fiscal Y		N/A	
Sebring, FL 33870	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$74.80	\$75.25	10/01/2012	
Swing-Bed Provider	1			
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 :		We At The Telephone and the Te		
Budget X Prospecti	ve			
	Prospective			
	ective Adjusted for N	lew Costs		
Field audited costs  Medicare - Prospective Interim				
X Payment System Rate Total Int	erim			
	Settlement based on costs			
	ydell Samuel, Ad aid Cost Reimbursen	ministrator	R	
For information Only ( No Change in rate)				



Medicaid Reimbursem	ient Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Sebring Medical Walk-In Clinic		Provider 1		259716100
			Date:	10/01/2012
343 South Commerce Ave			ear End:	N/A
Sebring, FL 33870		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.25	\$71.68	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider			WVVII.WVV	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			The second section of the sect	
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Therm Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
			***************************************	<del></del> /
	W. R	dell Samuel, Ad	ministrator	
	Medica	nid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
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Program Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Children's Medical Clinic		Provider 1	Number:	
		Date: 09/20/2012		
1002 SW 11 street		Fiscal Y		N/A
Live Oak, FL 32064		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.46	\$69.88	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			annta ant	
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
	W. Ry	dell Samuel, Ad	ministrator	Kr
	Medica	id Cost Reimbursen	nent Analysis	
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Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Children's Medical Center		Provider 1	Number:	370861604
			Date:	09/20/2012
789 W. Duval Street			ear End:	N/A
Lake City, FL 32055		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.46	\$69.88	10/01/2012
Swing-Bed Provider	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Federally Qualified Health Centers				
Hospice Provider	<u> </u>			
#651 Routine Home Care				
#652 Continuous Home Care	WIND			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			-	
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs		
	Settlemen	it based on costs		
	W. Ry	dell Samuel, Ad	ministrator	f c
	Medica	id Cost Reimbursen	nent Analysis	<del> </del>
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Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursen	nent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Jack M. Matheny RHC		Provider 1	Number:	372143401
			Date:	10/01/2012
205 Zeagler Drive, Suite #101			ear End:	N/A
Palatka, FL 32177		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.44	\$78.91	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				
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Basis:	Rate Type:			
Budget	X Prospective	/e		
Unaudited costs	***************************************	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
				アレ
	<u>W. R</u>	ydell Samuel, Ad	ministrator	
	Medica	aid Cost Reimbursen	nent Analysis	1
Distribution:				
Fiscal Agent				
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Program Development:				
For information Only (No Change in rate)				



	Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>	
Milla Pediatrics Provider Number: 3751			375159701			
				Date:	10/01/2012	
1847 S.W. Ba	arnett Way			ear End:	N/A	
Lake City, I	FL 32025		Audi	t Status:	N/A	
Provider Ty	vpe:		Current Rate	New Rate	Effective Date	
	Health Clinic		\$77.66	\$78.13	10/01/2012	
	Bed Provider		37,700	0,0110	10,01,2012	
	lly Qualified Health Centers					
	e Provider			<u></u>		
	Routine Home Care					
#652	Continuous Home Care					
#655	Inpatient Respite Care					
	General Inpatient Care		-			
#658	#658 Room and Board					
Basis:		Rate Type :		AND THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR		
Bu	dget	X Prospecti	ve			
Un	audited costs	X Total I	Prospective			
De:	sk audited costs	Prospe	ctive Adjusted for N	lew Costs		
	eld audited costs					
	edicare - Prospective	Interim				
	yment System Rate erage Nursing Home Rate	Total Int	erim  nt based on costs			
and it at a more than the contraction of the contra		Settleme	iit based oil costs			
		W R	ydell Samuel, Ad	ministrator	RY .	
			aid Cost Reimbursen		<del> </del>	
				- •		
Distribution						
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Program De						
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Medicaid Reimburser	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
<del></del>			377682401 10/01/2012		
1550 Lakeview Dr.	Fiscal Y		N/A		
Sebring, FL 33870		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$73.34	\$73.78	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	Prospe	ctive Adjusted for N	ew Costs		
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	ent based on costs			
	W. Ry	dell Samuel, Ad		R.	
	Medica	id Cost Reimbursen	nent Anatysis		
Distribution:					
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Contract Management					
Permanent File Program Development:					
ogian De retopment.					
For information Only (No Change in rate)					



	Number: Date: ear End: it Status:  New Rate \$77.31	377827401 10/01/2012 N/A N/A Effective Date 10/01/2012
Aud Current Rate	ear End: it Status:  New Rate	N/A N/A Effective Date
Aud Current Rate	it Status: New Rate	N/A Effective Date
Current Rate	New Rate	Effective Date
\$76.85	\$77.31	10/01/2012
		——————————————————————————————————————
Type:		
Prospective		
Total Prospective		
Prospective Adjusted for N	New Costs	
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Medicaid Reimburse	ment Per Diem Rate	s for Non-Institut	ional Provide	e <u>rs</u>
Heartland Pediatric Associates		Provider 1		660018200
2522 H.C. Hishway 27 Co Suite #100		Fiscal V	Date: ear End:	10/01/2012 N/A
2523 U.S. Highway 27 So Suite #100			t Status:	N/A N/A
Avon Park, FL 33825				14/11
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.80	\$74.24	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers		1 1 3 8		
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		TO CONTROL OF THE CON		
	14. 1 1111111 00000 00000 0000 00000 00000			
Basis:	Rate Type:			THE REPORT OF THE PROPERTY OF
Budget	X Prospecti	ve		
Unaudited costs		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 Settleme	nt based on costs		 R/
		ydell Samuel, Ad aid Cost Reimburser		<del> </del>
	Wieule	aid Cost Reimburser	nent Anarysip	
<b>Distribution:</b>				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only ( No Change in rate)	)			



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Heartland Pediatric Associates		Provider 1	Number: Date:	660018201 10/01/2012	
1125 South 6th Avenue Wal-Mart Complex		Fiscal Y	ear End:	N/A	
Wauchula, FL 33873		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$69.80	\$70.22	10/01/2012	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care		And			
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	<i>r</i> e			
Unaudited costs	<del></del>	Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs	T .				
Medicare - Prospective X Payment System Rate	Interim Total Inte				
Average Nursing Home Rate		it based on costs			
	***************************************	vdell Samuel, Ad uid Cost Reimbursen		RV	
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



<u>Medicaid Reimburse</u>	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
			660022100	
		T' 1 X/	Date:	10/01/2012
14088 Alabama St			ear End: t Status:	N/A
Jay, FL 32565		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$80.10	\$80.58	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	***************************************	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Into	erim it based on costs		
	Settlemen	it based ou costs	77 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A day of the first Land
	W. Ry	ydell Samuel, Ad	ministrator	PV
	Medica	nid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only ( No Change in rate)	)			



Physicians Partners Network  605 Lamar Ave Brooksville, FL 34601  Provider Type:  X Rural Health Clinic	Provider I Fiscal Y Audi  Current Rate \$76.72	Date:	660024700 10/01/2012 N/A N/A Effective Date 10/01/2012
Brooksville, FL 34601  Provider Type:	Audi	ear End: it Status:	N/A N/A Effective Date
Brooksville, FL 34601  Provider Type:	Audi	t Status:	N/A Effective Date
Provider Type:	Current Rate	New Rate	Effective Date
	-		
X Rural Health Clinic	\$76.72	\$77.18	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			
	The second secon		1
Basis: Rate Typ	e :		
Budget X Prosp	ective		
	al Prospective		
Desk audited costs Pro	spective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interim			
Average Newsing Home Date	Interim		
Settle	ment based on costs		
W	D1-11 C1 A 1	1	RY
	Rydell Samuel, Ad		
IVIG	dicaid Cost Reimbursen	nent Analysis	
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



Medicaid Reimbursei	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Medical CtrDeland		Provider 1	Number:	660026300
		<b></b>	Date:	10/01/2012
1190 North Stone Street		Fiscal Y		N/A
Deland, FL 32720		Audi	t Status:	N/A
Provider Type:	/ 15 % 15 % 10 % 10 % 10 % 10 % 10 % 10 %	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.51	\$79.99	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:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	•			
Medicare - Prospective X Payment System Rate	Total Interim			
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad		R
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburse	ement Per D	iem Rates	for Non-Institut	ional Pro <u>vide</u>	<u>rs</u>	
Comm. Medical CtrOrange Cty.		Provider 1	Number: Date:	660026302 10/01/2012		
810 Commed Boulevard Suite C			Fiscal Y		N/A	
Orange City, FL 32763			Audi	t Status:	N/A	
Orange Oity, TE 32103			· · · · · · · · · · · · · · · · · · ·			
Provider Type:			Current Rate	New Rate	Effective Date	
X Rural Health Clinic			\$74.61	\$75.06	10/01/2012	
Swing-Bed Provider						
Federally Qualified Health Centers	8				1	
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board						
Basis:	Rat	e Type :		7, 2 / 1		
Budget	X	Prospectiv	re			
Unaudited costs	X	Total P	Prospective			
Desk audited costs		Prospe	ctive Adjusted for N	lew Costs		
Field audited costs						
Medicare - Prospective X Payment System Rate	<u> </u>	nterim				
Average Nursing Home Rate	***************************************	_ Total Inte				
	***************************************	W. Ry	rdell Samuel, Ad		R	
		Medica	ard Cost Kennoursen	ioni riiaiysip		
<u>Distribution:</u>						
Fiscal Agent						
Contract Management Permanent File						
Program Development:						
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For information Only ( No Change in rate	·)					



Medicaid Reimbursemen	<u>er Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
N. Fl. Pediatrics RHC  4316 Fifth Avenue		Provider I Fiscal Y Audi	660027100 10/01/2012 N/A N/A			
Marianna, FL 32446		A R. CONC.	t Status.	14/21		
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$78.44 \$78.91		\$78.91	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						
	7/77 com commenced	. L				
Basis:	Rate Type :			The state of the s		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen	ministrator	Pr .		



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Geoffrey Roberts D.O., P.A.		Provider 1	660031000 10/01/2012	
756 N. Suncoast Boulevard		Fiscal Y		N/A
Crystal River, FL 34429		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$76.75 \$77.21		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				The second secon
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
	W R	/dell Samuel, Ad	· L	R.
		id Cost Reimbursen		<del> </del>
TO 1 (1)				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursem	<u>ent Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Century Medical Center		Provider 1		660034400 10/01/2012 N/A
DO D 400		Fiscal Y	Date:	
PO Box 400			t Status:	N/A N/A
Century, FL 32535			***   Alika	
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.13	\$77.59	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 :	And deconomity		
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	Intonia			
Medicare - Prospective X Payment System Rate	Interim Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad	ministrator	RY.
	Medica	iid Cost Keimbursen	ient Analysis	
<b>Distribution:</b>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursement Per Diem Rate	es for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Mohammad Yunas, M.D. RHC	Provider 1	660039500 10/01/2012	
404 East Hwy 90	Fiscal Y		N/A
Bonifay, FL 32425	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$78.44	\$78.91	10/01/2012
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider	e B		
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type :			ence sensitive desirable per c. il test and consider
Budget X Prospect	ive		
	Prospective		
	ective Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective  Interim			
X Payment System Rate Total In	terim		
Average Nursing Home Rate Settleme	ent based on costs		
	Rydell Samuel, Ad caid Cost Reimbursen	ministrator	



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
PAK Rural Health Clinic		Provider 1		660041700
			Date:	10/01/2012
1376 Brickyard Rd			ear End:	N/A
Chipley, FL 32428		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.90	\$76.36	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	Anna			
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	√e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Inte	arim		
Average Nursing Home Rate	***************************************	nt based on costs		
				77 /
	W. Ry	ydell Samuel, Ad	ministrator	g e
	Medica	nid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	ent Per Diem Ra <u>te</u> s	for Non-Institut	ional Provide	<u>rs</u>
Ikram U. Qureshi RHC		Provider 1	660041701	
			Date:	10/01/2012
812 S. Weeks St		Fiscal Y		N/A
Bonifay, FL 32425		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.90	\$76.36	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				
, , , , , , , , , , , , , , , , , , , ,				THE STATE ST
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	. wina		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		Ru
For information Only ( No Change in rate)				



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

	ement Per Diem Kates			<del></del>
Louis J Radnothy, D.O., P.A.		Provider 1	Number: Date:	660044100 10/01/2012
P.O. Drawer 2325		Fiscal Y		N/A
Umatilla, FL 32784			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.69	\$80.17	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				
		<u> </u>	A =1 = = . * # ············· *******************	
Basis:	Rate Type :			
Data.	react Type !			
Budget	X Prospectiv			
Unaudited costs		Prospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	iew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimbursen		Pr
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only ( No Change in rate	e)			



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Richard A. Campbell RHC		Provider 1		660046800
1077		Fiscal Y	Date:	10/01/2012
105 Tomoka Boulevard South			t Status:	N/A N/A
Lake Placid, FL 33852		Audi	n Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.09	\$78.56	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers		1		
Hospice Provider				
#651 Routine Home Care		!		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	_			
#658 Room and Board		2		
Basis:	Rate Type:	- L		The state of the s
Budget	X Prospectiv	⁄e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nuising Home Rate	Settlemen	nt based on costs		
			- L	<b>R</b>
		dell Samuel, Ad		<u> </u>
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Wimauma Family Health Center		Provider l	Number:	660052200
-		Date:		10/01/2012
5121 State Rd 674		Fiscal Y		N/A
Wimauma, FL 33598		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.25	\$74.70	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 :	7 77 -		
Dasis.	Rate Type.			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		rim it based on costs		
		MAN AND CONTRACTOR AN		<b>ア</b> /
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



	Medicaid Reimbursemer	nt Per Diem	Rates	for Non-Institut	ional Provide	ers
Children's Clinic				Provider 1		660053100
				T! 1 **	Date:	10/01/2012
1100 N. Main St					ear End: it Status:	N/A
Belle Glade, FL 3	3430			Aud	it Status:	N/A
Provider Type:		41 \$900000	a si ana ana an an	Current Rate	New Rate	Effective Date
X Rural Health	Clinic	***************************************		\$78.44	\$78.91	10/01/2012
Swing-Bed P	rovider					
Federally Qu	alified Health Centers					
Hospice Prov	ider					
#651 Routi	ne Home Care					
#652 Conti	nuous Home Care					
#655 Inpat	ient Respite Care	-				
#656 Gene	ral Inpatient Care					
#658 Room	and Board					
	11,3 ,7 1/10 000000000000000000000000000000000					
Basis:		Rate Ty	pe:			
Budget		X Pros	pectiv	re		
Unaudited	costs	***************************************	-	rospective		
Desk audit		P	rospe	ctive Adjusted for N	lew Costs	
Field audit						
Medicare - X Payment S	Prospective	Interin	n al Inte	rim		
	irsing Home Rate			at based on costs		
<b>Distribution:</b> Fiscal Agent Contract Manageme Permanent File Program Developme			<del></del>	dell Samuel, Ad id Cost Reimburser		R
For information	on Only ( No Change in rate)					



Medicaid Reimbursen	ient Per Diem	Rates for Non-Institu	tional Provide	<u>ers</u>
Marion RHC dba Forest Family Health		Provider		660054900
			Date:	10/01/2012
15932 E. 40			ear End:	N/A
Silver Springs, FL 34488		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.35	\$77.81	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				
	announced of a		**************************************	v 1 en
Basis:	Rate Ty	pe:		
Budget	X Pros	spective		
Unaudited costs	<u> </u>	otal Prospective		
Desk audited costs	P	rospective Adjusted for I	New Costs	
Field audited costs				
Medicare - Prospective	Interin			
X Payment System Rate Average Nursing Home Rate		al Interim		
	Set	tlement based on costs		
	7	V. Rydell Samuel, Ad	dministrator	KV .
		Medicaid Cost Reimburser		
<b>7.</b> 1. 1. 1.				
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Provider N	Number:	((005(500	
Figaal V	Date:	660056500 10/01/2012	
		N/A N/A	
71441	- Julias.	11/11	
Current Rate	New Rate	Effective Date	
\$69.13	\$69.54	10/01/2012	
pective fotal Prospective rospective Adjusted for N n al Interim			
	ministrator		
	Current Rate \$69.13  pe: spective Total Prospective Prospective Adjusted for N al Interim telement based on costs  V. Rydell Samuel, Ad	pe:  spective Total Prospective Prospective Adjusted for New Costs  al Interim telement based on costs	



		10/01/2012 N/A N/A Effective Date 10/01/2012
Current Ra	Audit Status:  ate New Rate	N/A  Effective Date
Current Ra	ate New Rate	Effective Date
\$75.5	98 \$76.44	10/01/2012
	1	
		i
e :		
ective		
spective Adjusted f	for New Costs	
Intarim		
	ts	
pi oi rc	al Interim lement based on cos	pective otal Prospective rospective Adjusted for New Costs



<u>Medicaid Reimbursem</u>	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Meena Nathan Medical Center		Provider 1	Number: Date:	660065400 10/01/2012
840 South Bea Avenue		Fiscal Ye		N/A
Inverness, Fl 34452		Audi	t Status:	N/A
Provider Type:	and not be 1 1 2	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.55	\$72.99	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				l d
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve e		
Unaudited costs	***************************************	rospective		
Desk audited costs  Field audited costs	Prospec	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	at based on costs		
		dell Samuel, Ad	ministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			·	
For information Only ( No Change in rate)				



<u>Medicaid Reimburser</u>	ment Per Diem Rate:	s for Non-Institut	ional Provide	<u>rs</u>
Florida Family Rural Hlth. Care		Provider 1	Number:	660069700
			Date:	10/01/2012
2398 N. Beach Drive, Suite 100			ear End:	N/A
Avon Park, Fl 33825		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.22	\$77.68	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	#656 General Inpatient Care			
#658 Room and Board		F	4.	
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inte			
	Settleme	nt based on costs	TTEMMINIONIONIONIONI NE. 187 TTEMMINIONIONIONIONI NE. 187 TTEMMINIONIONIONIONI NE. 187 TTEMMINIONIONIONIONI NE. 187 - TTEMMINIONIONIONIONI NE. 187 - TTEMMINIONIONIONIONI NE. 187 - TTEMMINIONIONIONI NE. 187 - TTEMMINIONIONIONI NE. 187 - TTEMMINIONIONIONI NE. 187 - TTEMMINIONIONIONI NE. 187 - TTEMMINIONIONI NE. 187 - TTEMMINIONIONI NE. 187 - TTEMMINIONI NE	
	w n	1110 1 1 1	· · · /	RK .
		ydell Samuel, Ad aid Cost Reimbursen		<del>                                     </del>
	Medica	aid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 Togram Development.				
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt <u>Per Diem Rates</u>	for Non-Institut	ional Provide	<u>rs</u>
Express Care of Belleview, Inc		Provider 1	Number: Date:	660070100 10/01/2012
10762 S US Highway 441		Fiscal Y	ear End:	N/A
Belleview, Fl 34420		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.49	\$77.95	10/01/2012
Swing-Bed Provider		a de la companya de l		
Federally Qualified Health Centers		T Y Y		
Hospice Provider				
#651 Routine Home Care		1		
#652 Continuous Home Care				
#655 Inpatient Respite Care				İ
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen		
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	ers
Nature Coast Family Medical		Provider Number:		660071900
Nature Coast Family		1 **	Date:	10/01/2012
3400 North Lecanto Highway Suite A		Fiscal Y		N/A
Beverly Hills, Fl 34464		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.23	\$74.68	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			******	1
#655 Inpatient Respite Care			<b></b>	
#656 General Inpatient Care				
#658 Room and Board				
			The state of the s	
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs	***************************************	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
			,,,,,,	<del>7</del> ./
	W. Ry	dell Samuel, Ad	ministrator	92
		id Cost Reimbursen		<del>!</del>
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Rajendra P. Bellam, M.D. RHC		Provider 1	660072700		
Rajendra Bellam MD - DUNNELLON		Date: 10/01/20			
11707 N. Williams Street Suite #3		Fiscal Y		N/A	
Dunnellon, Fl 34432		Audi	t Status:	N/A	
Provider Type:	-	Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$75.81	\$76.26	10/01/2012	
Swing-Bed Provider			<b></b>		
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care				5	
#655 Inpatient Respite Care	***************************************				
#656 General Inpatient Care	#656 General Inpatient Care				
#658 Room and Board				I	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	Interim			
Average Nursing Home Rate		nt based on costs	4. 77 / / / / / / / / / / / / / / / / / /		
				<b>P</b> . /	
	W. Ry	dell Samuel, Ad	ministrator		
	Medica	id Cost Reimbursen	nent Analysis		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					

For information Only (No Change in rate)



Medicaid Reimburse	ment Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Charles S. Li, M.D., P.A. RHC		Provider 1	660075100	
		577 1 3 7	Date:	10/01/2012
7647 W. Gulf to Lake Highway		Fiscal Y		N/A
Crystal River, Fl 34429		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.11	\$73.55	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	- 10			
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
Average Nursing Frome Rate	Settleme	nt based on costs		•
			1	RV.
		ydell Samuel, Ad		
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate	)			



Medicaid Reimbursen	nent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Charles S. Li, M.D., P.A. RHC		Provider 1	660075101	
			Date:	10/01/2012
10489 N. Florida Ave		Fiscal Y		N/A
Citrus Springs, Fl 34434		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.11	\$73.55	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care	444			
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Int	anim		
Average Nursing Home Rate	***************************************	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	***************************************	ydell Samuel, Ad aid Cost Reimburser		R.
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Medicaid Reimburseme	<u>nt Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	ers
WFMA - Beverly Hills Med. Ctr Alugubelli & Patel, MD, PA 3745 N. Lecanto Highway Beverly Hills, FL 34465				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.75	\$77.21	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care	-			
#652 Continuous Home Care				
#655 Inpatient Respite Care			The state of the s	
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<del></del>	dell Samuel, Ad id Cost Reimbursen	ministrator	P.

For information Only ( No Change in rate)



Palm Glades Rural Health Assoc		Provider 1		660087500
217 W. Avenue "A"		Fiscal Ye	Date: ear End:	10/01/2012 N/A
Belle Glade, Fl 33430		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.28	\$76.74	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		1		
#658 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs		ve Prospective ctive Adjusted for N	ew Costs	
Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate	InterimTotal Inte	erim nt based on costs		
<b>Distribution:</b> Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad aid Cost Reimbursen	ministrator	R



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Hernando Medical Center	Provider Number: 66008910			
Hernando Medical Center			Date:	10/01/2012
10489 N. Florida Ave.		Fiscal Y		N/A
Citrus Springs, Fl 34434		Audi	it Status:	N/A
Provider Type:	//- aq samma	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.29	\$75.74	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				_
Hospice Provider				}
#651 Routine Home Care				is the state of th
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			, ,	:
Basis:	Rate Type :	· · · · ·	A Miles	
Budget	X Prospecti	ve.		
Unaudited costs	•	Prospective		
Desk audited costs	*****	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Narsing frome Nate		nt based on costs		RV
		ydell Samuel, Ad		<del>                                     </del>
	Miedica	aid Cost Reimbursen	nent Analysis	-
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
David A. Miller, MD, PA		Provider l	660100600	
Everglades Family Medicine		Date: 10/01/2012		
170 S. Barfield Hwy #102			ear End:	N/A
Pahokee, FL 33476		Audi	t Status:	N/A
Provider Type:	1994 A. WINNER	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.61	\$75.06	10/01/2012
Swing-Bed Provider	,			
Federally Qualified Health Centers		1		
Hospice Provider		2		
#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	rim		
Average Nursing Home Rate	Settlemer	nt based on costs	w.	
Distribution:		dell Samuel, Ad id Cost Reimbursen	ministrator	RV
Fiscal Agent Contract Management				
Permanent File				
Program Development:				

For information Only (No Change in rate)



<u>Medicaid Reimbursem</u>	<u>ient Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Lake Pediatrics		Provider 1	660103100 10/01/2012	
4880 N. Hwy 19A		Date: 10/01/201: Fiscal Year End: N/A		
Mt. Dora, FL 32757	1000 IV. IIWy 1971		t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.66	\$76.11	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				
		Name of the second seco	THE PROPERTY OF THE PROPERTY O	la A
Basis:	Rate Type :			
Budget	X Prospectiv	i A		
Unaudited costs	-	rospective		
Desk audited costs	V	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File		/dell Samuel, Ad aid Cost Reimbursen	ministrator	Rr R
Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimbursement Per</u>	<u>Diem Rates fo</u> r	<u>r Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>	
Raypar, Inc.		Provider l	Number:	660109000	
Family Wellness Center		Date: 10/01/2			
1064 North Broadway Avenue		Fiscal Y		N/A	
Bartow, FL 33830		Audi	t Status:	N/A	
Provider Type:	Cı	urrent Rate	New Rate	Effective Date	
X Rural Health Clinic		\$72.08	\$72.51	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	Care				
#658 Room and Board					
	* * * * * * * * * * * * * * * * * * *				
Basis:	te Type :				
Budget X	Prospective				
Unaudited costs	Total Prosp	Prospective			
Desk audited costs	Prospective	pective Adjusted for New Costs			
Field audited costs	T				
Medicare - Prospective X Payment System Rate	Interim Total Interim				
Average Nursing Home Rate	Settlement ba				
<u><b>Distribution:</b></u> Fiscal Agent		II Samuel, Ad Cost Reimbursen	ministrator	Rr	
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)	·				



Medicaid Reimbursen	ient Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Rural Medical Associates, Inc.		Provider 1	660111100	
		m. 137	Date:	10/01/2012
411 N. Webster St			ear End: t Status:	N/A
Wildwood, FL 34785		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.23	\$73.67	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				1 = ;
#651 Routine Home Care				
#652 Continuous Home Care			1	,
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Totalin.			
Medicare - Prospective X Payment System Rate	Interim Total Inte	aeim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	***************************************	ydell Samuel, Ad aid Cost Reimburser		Ru
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Birth & Beyond, P.A.		Provider 1	Date:	660121900 10/01/2012
1326 SR 100		Fiscal Y	ear End: t Status:	N/A
Grandin, FL 32138		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.66	\$76.11	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:		The second secon	
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	***************************************	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad aid Cost Reimbursen	ministrator	Pr.
For information Only ( No Change in rate)				



Family Medical Group(Sebring)		Provider 1	e <u>rs</u> 660129400		
		Fiscal V	Date: ear End:	10/01/2012 N/A	
				N/A	
, and any of the terminal and the second second			r yn 'i Schandersadhann ywnwedddaddig MFFFFF I MYnn Swingsama		
		Current Rate	New Rate	Effective Date	
		\$76.38	\$76.84	10/01/2012	
Rat	e Type :			THE THE POST IS CONTROLLED TO SERVICE AND ASSESSED IN THE SERVICE AND ASSESSED IN THE SERVICE AND ASSESSED IN THE SERVICE AND ASSESSED ASSESSED.	
x	Prospectiv	e			
***************************************	_				
	Prospec	ctive Adjusted for N	lew Costs		
_					
l		•			
***************************************					
	Rat  X X	Rate Type:  X Prospectiv X Total P Prospection Interim Total Interim	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim	



Weirdale Family Health Center    Provider Number: 660130800     Date: 10/01/2012     16400 S. Hwy 25   Fiscal Year End: N/A     Weirdale, FL 32195   Audit Status: N/A     Provider Type:   Current Rate   New Rate   Effective D     X Rural Health Clinic   \$76.12   \$76.58   10/01/20     Swing-Bed Provider							
16400 S. Hwy 25							
Weirdale, FL 32195  Audit Status: N/A  Provider Type: Current Rate New Rate Effective D  X Rural Health Clinic \$76.12 \$76.58 10/01/20  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  Rate Type:  Budget X Prospective  Unaudited costs  X Total Prospective							
Provider Type:  X Rural Health Clinic S76.12 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board   Rate Type:  Budget Unaudited costs  Current Rate New Rate Effective D S76.12 S76.58 10/01/20  ST6.58 10							
X Rural Health Clinic \$76.12 \$76.58 10/01/20  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board   Rate Type:							
Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board     Rate Type:	ate						
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 Y Prospective Unaudited costs  X Total Prospective	12						
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:							
#651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board     Rate Type:							
#652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  Basis:  Rate Type:  Budget Unaudited costs  X							
#655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  Basis:  Rate Type:  Budget Unaudited costs  X Prospective X Total Prospective							
#656 General Inpatient Care  #658 Room and Board    Basis:   Rate Type :							
#658 Room and Board    Basis:   Rate Type :							
Basis:  Budget  Unaudited costs  Rate Type:  X Prospective  X Total Prospective							
Budget X Prospective Unaudited costs X Total Prospective							
Budget X Prospective Unaudited costs X Total Prospective							
Unaudited costs X Total Prospective							
Unaudited costs X Total Prospective							
Desk audited costs Prospective Adjusted for New Costs							
Field audited costs							
Medicare - Prospective Interim  X Payment System Rate Total Interim							
Average Nursing Home Rate  Total Interim Settlement based on costs							
W. Rydell Samuel, Administrator							
Medicaid Cost Reimbursement Analysis							
Distributions							
<u>Distribution:</u> Fiscal Agent							
Contract Management							
Permanent File							
Program Development:							
For information Only (No Change in rate)							



Medicaid Reimburseme	nt Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Oak Hill Medical		Provider 1	660132400	
		Date: 10/01/2		
185A North Rt. 1, PO Box 373		Fiscal Y		N/A
Oak Hill, FL 32759		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.38	\$74.83	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 Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Tooler You			
Medicare - Prospective X Payment System Rate	Interim Total Int	arim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad aid Cost Reimbursen		R
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
North Florida Pediatrics -Sneads		Provider 1	660135900	
		Eigeal V	10/01/2012	
7997 Hwy 90		Fiscal Y	ear End: t Status:	N/A N/A
Sneads, FL 32460		71001	t otatas.	MA
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.44	\$78.91	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		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	nt based on costs		
		vdell Samuel, Ad iid Cost Reimbursen	ministrator	P.
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid</u>	Reimbursement Per Diem Rates	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>		
Andres R. Villar, M.D.	Andres R. Villar, M.D.		Provider Number: Date:			
P.O. Box 606		Fiscal Year End:		N/A		
Glen St. Mary, FL 32040		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		\$74.97	\$75.42	10/01/2012		
Swing-Bed Provider						
Federally Qualified Heal	th Centers					
Hospice Provider						
#651 Routine Home Ca	are					
#652 Continuous Hom	e Care					
#655 Inpatient Respite	e Care					
#656 General Inpatien	t Care					
#658 Room and Board						
Basis:	Rate Type :					
Budget	X Prospectiv	ve				
Unaudited costs		al Prospective				
Desk audited costs  Field audited costs	Prospe	ctive Adjusted for N	lew Costs			
Medicare - Prospective	Interim					
Y Payment System Rate	Total Inte					
Average Nursing Home R	Settlemen	nt based on costs	[K.W 1345 AL. 1740 Abstractional annual commonweal			
		ydell Samuel, Ad aid Cost Reimbursen	ministrator	P.		
Distribution:						
Fiscal Agent						
Contract Management Permanent File						
Program Development:						
For information Only ( No C	Change in rate)					



Williston Pediatrics, PA		Provider l	. 660141300 10/01/2012		
223 N. Main Street			Fiscal Y	N/A	
Williston, FL 32696			Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
X Rural Health Clinic			\$62.05	\$62.42	10/01/2012
Swing-Bed Provider					
Federally Qualified Health Center	<b>1</b> S				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					,
#658 Room and Board	**************************************				
Basis:	Rat	e Type :			
Budget	X	Prospectiv	e		
Unaudited costs	X		rospective		
Desk audited costs		Prospec	tive Adjusted for N	lew Costs	
Field audited costs	•				
Medicare - Prospective X Payment System Rate		nterim Total Inte	rim		
Average Nursing Home Rate			t based on costs		
	- Annual Control Contr		dell Samuel, Ad		R.
		Medica	id Cost Reimbursen	nent Analysis	•
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
riogiam Development.					



Medicaid Reimburs	sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Rajendra P. Bellam, MD Rajendra P. Bellam, MD - INGLIS 41 N. Inglis Ave, PO Box 69 Inglis, FL 34449		Provider Number: Date: Fiscal Year End: Audit Status:		660142100 10/01/2012 N/A N/A	
Provider Type:	A Committee of the Comm	Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$59.75	\$60.11	10/01/2012	
Swing-Bed Provider				1	
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					
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		ll Prospective			
Desk audited costs	Prospec	pective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	nterim			
Average Nursing Home Rate	***************************************	it based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	R	
For information Only ( No Change in rat	te)				



Medicaid Reimbursemen	t Per Diem Ra	tes for Non-Institut	ional Provide	ers	
Doctor's Medical Ctr. of Walton County, PA		Provider	Provider Number: Date:		
21 West Main St		Fiscal Y	ear End:	N/A	
DeFuniak Springs, FL 32435		Aud	Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$78.63	\$79.10	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	W-1 1				
			·		
Basis:	Rate Type	:			
Budget	X Prospec				
Unaudited costs  Desk audited costs	***************************************	I Prospective pective Adjusted for N	lew Costs		
Field audited costs		pective Adjusted for r	iew Costs		
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total I				
Average Nursing nome Rate	Settlen	nent based on costs	· · · / WWw.databaanaanaanaanaanaanaanaanaanaanaanaanaa		
		Rydell Samuel, Adicaid Cost Reimburser	ministrator	P	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
<del>O-am</del>					
For information Only (No Change in rate)					



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Andres R. Villar, M.D. Children's Medical Center - Mt. Vernon P.O. Box 606 Glen St. Mary, FL 32040		Provider Number: Date: Fiscal Year End: Audit Status:		660151100 10/01/2012 N/A N/A	
	C 1D 1	N D	Dec .: D		
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.97	\$75.42	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		i			
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	terim			
Average Nursing Home Rate		nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	ministrator	P.	
For information Only (No Change in rate)					



Medicaid Reimburseme	ent Per Di	em Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Andres R. Villar, M.D.			Provider 1	660160000		
Children's Medical Center - Bava			Date: 10/01/2012			
P.O. Box 606			Fiscal Y		N/A	
Glen Saint Mary, FL 32040	Glen Saint Mary, FL 32040 Aud			t Status:	N/A	
Provider Type:			Current Rate	New Rate	Effective Date	
X Rural Health Clinic			\$74.50	\$74.95	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		Prospective			
Desk audited costs Field audited costs		Prospec	ctive Adjusted for N	lew Costs		
Medicare - Prospective	In	terim				
X Payment System Rate		Total Inte	nterim			
Average Nursing Home Rate	Settlement based on costs					
				,,,,,,,	<del></del>	
		W. Ry	dell Samuel, Ad	ministrator		
		Medica	id Cost Reimbursen	nent Analysis		
Distribution:						
Fiscal Agent						
Contract Management						
Permanent File Program Development:						
Orania						

For information Only (No Change in rate)



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Rural Health Network of Monroe Co.		Provider Number: Date:		660161800 10/01/2012
P.O. Box 500370			ear End:	N/A
Marathon, FL 33050		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.44	\$74.89	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 F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	<b>.</b>			
Medicare - Prospective X Payment System Rate	Interim Total Inte	····		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad aid Cost Reimbursen	ministrator	R
For information Only (No Change in rate)				



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

Putnam Obstetrics & Gynecology, Inc.	Provider Number:	660162600
Putnam Obstetrics & Gynecology	Date:	10/01/2012
700 Zeagler Drive, Suite 10	Fiscal Year End:	N/A
Palatka, FL 32177	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$77.51	\$77.98	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:

For information Only (No Change in rate)



Philip Colaizzo, MD, PA		Provider 1		660164200
170 S. Barfield Hwy Pahokee, FL 33476		Fiscal Y Audi	Date: ear End: it Status:	10/01/2012 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.60	\$75.05	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				
			ACTO VOTO AND ACTOR AND ACTOR AND ACTOR AND ACTOR AND ACTOR	
Basis:	Rate Type :			
Budget	X Prospecti			
Unaudited costs  Desk audited costs		Prospective ective Adjusted for N	Iany Costs	
Field audited costs	riospe	ctive Adjusted for N	iew Cosis	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int	erim nt based on costs		
	Settleffle	nt based on costs		
	W. R	ydell Samuel, Ad	ministrator	R/
		aid Cost Reimburser	3/1	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				



Medicaid Reimbursement Per Diem Ra	ites for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Southern Family Healthcare, PA	Provider 1	Provider Number: Date:		
P.O. Box 692	Fiscal Y	ear End:	N/A	
Chipley, FL 32428	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.19	\$73.63	10/01/2012	
Swing-Bed Provider	1			
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				
#038 Room and Board				
Basis: Rate Type	2:			
Budget X Prospe	ctive			
The state of the s	al Prospective			
	spective Adjusted for N	lew Costs		
Field audited costs  Medicare - Prospective Interim				
	Interim			
Avanaga Nunging Hama Data	ment based on costs			
Med	Rydell Samuel, Addicaid Cost Reimbursen	ministrator		
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimburser</u>	ment Per Di	em Rates	for Non-Institut	ional Provide	<u>rs</u>
Emmanuel Christian HC - Clermont		Provider 1	660169300		
				Date:	10/01/2012
885 N. Powers Dr			Fiscal Y		N/A
Orlando, FL 32818			Audi	t Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
X Rural Health Clinic			\$74.47	\$74.92	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	lew Costs	
Field audited costs	Ť				
Medicare - Prospective X Payment System Rate	In	terim Total Inte	nina		
Average Nursing Home Rate			it based on costs		
	, 494			· · · · / h	RY
			dell Samuel, Ad id Cost Reimbursen		<u> </u>
		Medica	id Cost Keilibursen	iciii Amarysip	
<u>Distribution:</u>					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



<u>Medicaid Reimburser</u>	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Rural Health Network of Monroe Co., Fl., I	nc St. Claires	Provider 1	Number: Date:	660170700 10/01/2012
P.O. Box 500370		Fiscal Y	ear End:	N/A
Marathon, FL 33050		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.45	\$74.90	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		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		Pr .
For information Only ( No Change in rate)				



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Rural Health Network of Monroe Co., Fl., l	Inc Ruth Ivins	Provider 1	Number: Date:	660171500 10/01/2012
P.O. Box 500370		Fiscal Y		N/A
			t Status:	N/A
Marathon, FL 33050			_	
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.45	\$74.90	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		1		
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
Distribution:		/dell Samuel, Ad aid Cost Reimburser		R
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Children's Medical Center - Alachua		Provider 1	Number:	660174000
Children's Medical Center - Alachua			Date:	10/01/2012
14681 N.W. Hwy 441			ear End:	N/A
Alachua, FL 32615		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.16	\$72.59	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		!		
Basis:	Rate Type :			
Budget	X Prospectiv	'e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		at based on costs		
				<b>7</b> ./
	W. Ry	dell Samuel, Ad	ministrator	9
		id Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only ( No Change in rate)



Medicaid Reimburser	ment P <u>er Diem Rates</u>	for Non-Institut	ional Provide	<u>rs</u>
Williston Family Practice		Provider 1	660176600	
		m. 1 sz	Date:	10/01/2012
111 West Noble Ave		Fiscal Y	ear End: t Status:	N/A
Williston, FL 32696		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.45	\$74.90	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	· · · · · · · · · · · · · · · · · · ·		A ####	
			THE PERSON NAMED IN THE PE	
Basis:	Rate Type:			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim it based on costs		
<u> </u>		dell Samuel, Ad		R.
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



ment Per Diem Rat	<u>es for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
	Provider 1		660181200
	Fiscal Y	•	10/01/2012 N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
	\$74.33	\$74.78	10/01/2012
		•	
Rate Type	•		
X Prospec	tive		
-			
Prosp	pective Adjusted for N	lew Costs	
Fred			
	nterim		
	Rate Type  X Prospec  X Total Prosp  Interim Total Ir Settlem  W. I	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 X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Pediatrics in Brevard - Cocoa Beach		Provider Number:		660182100		
Pediatrics in Brevard, PA		Date:		10/01/2012		
699 W. Cocoa Beach Cswy Suite 401		Fiscal Year End:		N/A		
Cocoa Beach, FL 32931	ocoa Beach, FL 32931		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		\$74.30	\$74.75	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				1		
Basis:	Rate Type:					
Budget	X Prospective					
Unaudited costs	Prospective					
		ective Adjusted for New Costs				
Field audited costs	•					
Medicare - Prospective Interim X Payment System Rate Total Int		arim				
Average Nursing Home Rate	***************************************	Settlement based on costs				
		vdell Samuel, Ad lid Cost Reimbursen		R		
Distribution:						
Fiscal Agent Contract Management						
Permanent File						
Program Development:						
For information Only ( No Change in rate)						



Medicaid Reimbursen	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Pediatrics in Brevard - Hibiscus		Provider Number:		660183900	
Pediatrics in Brevard, PA		Date:		10/01/2012	
1755 HIbiscus Blvd		Fiscal Year End:		N/A	
Melbourne, FL 32901		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.30	\$74.75	10/01/2012	
Swing-Bed Provider				, 	
Federally Qualified Health Centers				-	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care		1			
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board				~~~	
Basis:	Rate Type :				
Budget	X Prospectiv	/e			
Unaudited costs	Prospective				
Desk audited costs Prospe		ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Transport Programme Progra		ent based on costs			
		vdell Samuel, Ad aid Cost Reimburser		Pr	
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Pediatrics in Brevard - Woods Dr	Pediatrics in Brevard - Woods Dr		Provider Number:		
Pediatrics in Brevard, PA				10/01/2012	
134 S. Woods Dr		Fiscal Y	-	N/A	
Rockledge, FL 32955		Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic		\$74.30	\$74.75	10/01/2012	
Swing-Bed Provider					
Federally Qualified Health Centers	nters				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board	#658 Room and Board				
				X 4/42440.	
Basis:	Rate Type :				
Budget	X Prospectiv	⁄e			
Unaudited costs	X Total P	rospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	nert based on costs			
		dell Samuel, Ad	- L	RV	
	Medica	id Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Sun 'Lake Medical Group, PA		Provider Number:		660187100	
Sun 'N Lake Medical Group			Date:	10/01/2012	
4958 Sun ' N Lake Blvd		Fiscal Y		N/A	
Sebring, FL 33872		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.44	\$74.89	10/01/2012	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider	r				
#651 Routine Home Care				1	
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					

For information Only (No Change in rate)



Medicaid Reimbursemen	it Per Diem Rates	for Non-Institut	ional <u>Provide</u>	<u>rs</u>
Northwest Florida Healthcare		Provider Number:		660189800
		Date:		10/01/2012
1360 Brickyard Rd.		Fiscal Y	ear End:	N/A
Chipley, FL 32428		Audi	it Status.	N/A
Provider Type:	THE CONTRACT	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.33	\$74.78	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		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  at based on costs		
Distribution: Fiscal Agent Contract Management	W. Ry	dell Samuel, Ad id Cost Reimbursen		Pr .
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Panhandle Family Medicine		Provider Number:		660191000
877 3rd St #4		Fiscal Y	Date: ear End:	10/01/2012 N/A
Chipley, FL 32428			t Status:	N/A
Provider Type:	7 7 V	Current Rate New Rate Effective I		Effective Date
X Rural Health Clinic		\$74.32	\$74.77	10/01/2012
Swing-Bed Provider				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			***************************************	
, , <u> </u>		-L		- 44VM - 1
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		ent based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen	ministrator	
Hogiam Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Health Care Initiative - Citra FH		Provider 1	Number:	660194400
			Date:	10/01/2012
17805 US Hwy 301 N.		Fiscal Y		N/A
Citra, FL 32113		Audi	t Status:	N/A
Provider Type:	A E Proposition	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.30	\$74.75	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care		1		
#652 Continuous Home Care				
#655 Inpatient Respite Care			***************************************	
#656 General Inpatient Care				
#658 Room and Board		E .		! !
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
		nt based on costs ydell Samuel, Ad	ministrator	R'
	Medic	aid Cost Reimburser	nent Analysis	
Digarihation				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	ers		
Three Rivers Medical  208 Suwannee Ave		Provider Number: Date: Fiscal Year End:		660195200 10/01/2012 N/A		
Branford, FL 32005	Andit Sto		it Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		\$74.32	\$74.77	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	are					
#658 Room and Board	oom and Board					
Basis:	Rate Type:					
Budget	X Prospectiv	/e				
Unaudited costs		Prospective				
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	osts		
Field audited costs  Medicare - Prospective	Interim					
X Payment System Rate		al Interim				
Average Nursing Home Rate	Settleme	Settlement based on costs				
		ydell Samuel, Ad aid Cost Reimburser	lministrator	R		
Distribution						
<u>Distribution:</u> Fiscal Agent						
Contract Management						
Permanent File Program Development:						
rogium sevelopment.						
For information Only ( No Change in rate)						



	Provider Number: Date:		660200200	
	Fiscal Y		10/01/2012 N/A	
	Audi	t Status:	N/A	
	Current Rate	New Rate	Effective Date	
	\$74.32	\$74.77	10/01/2012	
	. 7			
Rate Type :				
X Prospectiv	re			
Prospec	ctive Adjusted for N	lew Costs		
	•			
	_			
	X Prospectiv X Total P Prospectiv Interim Total Interim	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim	



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Quintessential Health Services		Provider Number:		660201100
Crystal Family Practice		D: 1 %	Date:	10/01/2012
6152 W. Corporate Oaks Dr			ear End:	N/A
Crystal River, FL 34429		Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.33	\$74.78	10/01/2012
Swing-Bed Provider		-		
Federally Qualified Health Centers				1
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			GA	
Basis:	Rate Type:			
Budget	X Prospectiv	'e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate		t based on costs  dell Samuel, Ad	lministrator	R/
		id Cost Reimburser		<del></del>
Distribution:				
Fiscal Agent			•	
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Chiefland Medical Center	Provider Number: 6602045		660204500	
		Eleval V	Date:	10/01/2012
1113 N. W. 23rd Ave			ear End: t Status:	N/A
Chiefland, FL 32626		ridati Status. 1		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.76	\$73.20	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	AND THE PROPERTY OF THE PROPER			
#658 Room and Board			PHTTP: 1000000000000000000000000000000000000	
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		
	 W. Ry	dell Samuel, Ad	ministrator/	RV.
	Medica	id Cost Reimburser	nent Analysis	1
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Hogiam Development.				
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
The Medical Center LLC  20454 N.E. Finley Ave Blountstown, FL 32424		Provider Number: Date: Fiscal Year End:		660205300 10/01/2012 N/A	
		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.16	\$74.60	10/01/2012	
Swing-Bed Provider		5			
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:			Wilder Street, Lanconce	
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs		
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	terim			
Average Nursing Home Rate	Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen	ministrator		
For information Only ( No Change in rate)					



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Clark Clinic		Provider Number: Date:		660209600 10/01/2012	
212 S. Florida St		Fiscal Y		N/A	
Bushnell, FL 33513		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.12	\$74.56	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	#658 Room and Board				
			enninananan 1 tahunna kana 17 Amerik 27 Amerikan Amerikan andara kana andara andara andara andara andara andara		
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs	To Anna Son				
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim			
Average Nursing Home Rate	·	nent based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad	mmstrator	RV.	
For information Only (No Change in rate)					



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Mohammad Afzal/Excel Pediatrics & Family	Care	Provider Number: Date:		660212600 10/01/2012	
265 Citrus Tower Blvd Suite 102		Fiscal Year End:		N/A	
Clermont, FL 34711		Audi	t Status:	N/A	
		g 20000 00 00 00 00 00 00			
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$78.67	\$79.14	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	ve			
Unaudited costs	X Total P	Prospective			
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs		
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim	•			
Average Nursing Home Rate	Total Inte	ent based on costs			
		dell Samuel, Ad	ministrator	RY.	
	Medica	id Cost Reimbursen	nent Analysis		
<b>Distribution:</b> Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbi	ursement Per Diem Rate	es for Non-Institut	tional <u>Provide</u>	ers
Children's Medical Center - Branford		Provider ?		660213400
			Date:	10/01/2012
122 S.W. Suwannee Ave			ear End:	N/A
Branford, FL 32008		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.33	\$74.78	10/01/2012
Swing-Bed Provider				
Federally Qualified Health Cent	ters			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	A 6. SAMOOOO SAMOOO  SAMOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOO SAMOOOO SAMOOO SAMOO SAMOOO S		- L #	
Basis:	Rate Type	:		
Budget	X Prospect	tive		
Unaudited costs		Prospective		
Desk audited costs	Prosp	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total In	ent based on costs		
	Sculent	ent based on costs		PJ
		Rydell Samuel, Ad		
	Medi	caid Cost Reimburser	nent Analysis	4
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in	rate)			



Dwight Peter Tiu - Acute Care Pediatrics		Provider l	s for Non-Institutional Provide Provider Number:		
		*** 1 ***	Date:	10/01/2012	
1301 Reid St PO Box 797			ear End:	N/A	
Palatka, FL 32178		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.12	\$74.56	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	•	1			
#658 Room and Board		i			
Basis:	Rate Type	<u></u>			
Dudous	V D				
Budget Unaudited costs	X Prospe	al Prospective			
Desk audited costs		spective Adjusted for N	lew Costs		
Field audited costs		. ,			
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	****	Interim			
		ment based on costs			
	Management of the Contract of	Rydell Samuel, Addicaid Cost Reimbursen		<del>}_</del>	
	Med	licaid Cost Reimbursen	nent Analysips	_	
<u>Distribution:</u>					
Fiscal Agent					
Contract Management Permanent File					
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Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Family Medical Group, P.A.		Provider 1		660219300	
		· · · ·	Date:	10/01/2012	
105 Tomoka Blvd South		Fiscal Y		N/A	
Lake Placid, FL 33852		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.12	\$74.56	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 :		A State of S		
Budget	X Prospectiv	re			
Unaudited costs	X Total P	Prospective			
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs		
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inte	erim it based on costs			
	 W. Ry	dell Samuel, Ad		<u>r</u>	
	Medica	id Cost Reimbursen	nent Analysis	•	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
17051am Development.					
For information Only (No Change in rate)					



9 W. Orange Ave Suite #1  Date: 10/01/2012  Fiscal Year End: N/A  Audit Status: N/A	Medicaid Reimb	ursement Per Diem Rat	es for Non-Institut	ional Provide	rs
Defuniak Springs, FL 32435  Provider Type:  X Rural Health Clinic Sving-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board    Rate Type:   Budget	DFS Walk-In Clinic			10/01/2012	
X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #656 General Inpatient Care  #658 Room and Board     Basis:	S .				
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:	Provider Type:		Current Rate	New Rate	Effective Date
Federally Qualified Health Centers  Hospice Provider  #651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board   Basis:  Rate Type:	X Rural Health Clinic		\$74.12	\$74.56	10/01/2012
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:	Swing-Bed Provider				
#651 Routine Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board    Basis:	Federally Qualified Health Cen	ters			
#652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board    Basis:	Hospice Provider				-
#655 Inpatient Respite Care  #658 Room and Board    Basis:	#651 Routine Home Care				
#656 General Inpatient Care  #658 Room and Board    Basis:	#652 Continuous Home Care				
#658 Room and Board    Basis:	#655 Inpatient Respite Care	TARIN TO THE TOTAL TO THE TARING			
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File  Rate Type:  X Prospective X Prospective Interim Total Interim Settlement based on costs  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	#656 General Inpatient Care				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective  X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Distribution: Fiscal Agent Contract Management Permanent File	#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective  X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Distribution: Fiscal Agent Contract Management Permanent File					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Distribution: Fiscal Agent Contract Management Permanent File	Basis:	Rate Type :			1 * 1 * 2 * 3
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Distribution: Fiscal Agent Contract Management Permanent File	Budget	X Prospect	ive		
Field audited costs  Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Distribution: Fiscal Agent Contract Management Permanent File			•		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Distribution: Fiscal Agent Contract Management Permanent File		Prosp	ective Adjusted for N	lew Costs	
X Payment System Rate Average Nursing Home Rate  Total Interim Settlement based on costs  W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Piscal Agent Contract Management Permanent File		Interim			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis  Piscal Agent Contract Management Permanent File	X Payment System Rate	Total In	terim		
W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Piscal Agent Contract Management Permanent File	Average Nursing Home Rate	Settlem	ent based on costs		
Fiscal Agent Contract Management Permanent File				ministrator	RY.
Fiscal Agent Contract Management Permanent File	Distribution:				
Permanent File	Fiscal Agent				
	For information Only ( No Change in	rate)			



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
DJRJ2 Inc		Provider l		660226600
404 CW C		Fiscal Y	Date:	10/01/2012 N/A
484 SW Commerce Drive Suite 105			t Status:	N/A N/A
Lake City, FL 32025	radit status.			11/11
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.12	\$74.56	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	¥44444			
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
		/dell Samuel, Ad		R/
			~ *	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)	)			



	Express Care of Belleview		Provider Number:		
2500 Citrus Blvd		Fiscal Y	Date: ear End:	10/01/2012 N/A	
Leesburg, FL 34748		-	t Status:	N/A	
Leesburg, FL 34746		1			
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.12	\$74.56	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					
	* A A A A A A A A A A A A A A A A A A A		A A A A A A A A A A A A A A A A A A A		
Basis:	Rate Type :		noncommunication of the state o		
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 at based on costs			



Medicaid Reimburse	ment Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Dawn Rene, Inc		Provider 1	Number:	660232100
Vernon Family Health Center			Date:	10/01/2012
3027 Main St			ear End:	N/A
Vernon, FL 32462		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$68.58	\$68.99	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	and the state of t			
#658 Room and Board				
		***************************************		** -
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective  X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	-		
	Settlemen	nt based on costs		<b></b> /
	W. Ry	ydell Samuel, Ad	ministrator	K
	Medica	nid Cost Reimburser	nent Analysis	<del></del>
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)	)			



Jackson County Hospital		Provider Number:		660233900	
4318 5th Avenue			Fiscal Y	Date: ear End:	10/01/2012 N/A
Marianna, FL 32446			Audi	t Status:	N/A
					ECC 4: D 4
Provider Type:			Current Rate	New Rate	Effective Date
X Rural Health Clinic			\$74.07	\$74.51	10/01/2012
Swing-Bed Provider					
Federally Qualified Health Centers	5				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					-
Basis:	Ra	te Type :			
Budget	X	Prospectiv	e		
Unaudited costs	X		rospective		
Desk audited costs		Prospec	tive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective		Interim			
X Payment System Rate		Total Inte	rim		
Average Nursing Home Rate			t based on costs		
					7/
		W. Ry	dell Samuel, Ad	ministrator	
		Medica	id Cost Reimburser	nent Analysis	<del></del>
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Childrens Medical Center - Starke		Provider 1		660235500
			Date:	10/01/2012
319 West Call St		Fiscal Y		N/A
Starke, FL 32091		Audi	t Status:	N/A
Provider Type:	and the state of t	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.17	\$74.62	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	***************************************	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad		R/
	Medica	na cost Ronnouise.	none i mary sip	
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>
Sunrise Primary Care - St Johns Ave		Provider 1		660236300
		70° 1.57	Date:	10/01/2012
219 N Palm Ave		Fiscal Y		N/A
Palatka, FL 32177		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.65	\$72.08	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		3		
#658 Room and Board	2 T			
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate	***************************************	at based on costs		
		dell Samuel, Ad		R/
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				