



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

First Coast Primary Care, Inc.
3772 West Third Street
Hilliard, FL 32046

Provider Number: 000162500
Date: 10/01/2012
Fiscal Year End: N/A
Audit Status: N/A

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

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only ( No Change in rate)



Florida Agency for Health Care Administration  
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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

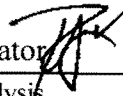
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

The Health Clinic  
 1351 South Blvd  
 Chipley, FL 32428

Provider Number: 000255800  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.23	\$74.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Acute Care Pediatrics of Palm Coast, PA  
 397 SW Palm Coast Parkway, #309  
 Palm Coast, FL 32137

Provider Number: 000387200  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.23	\$74.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

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

Healthflo Medical Clinic, Inc.  
 Ridge Manor Medical Clinic  
 34498 Cortez Blvd  
 Ridge Manor, FL 33523

Provider Number: 000997400  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.23	\$74.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

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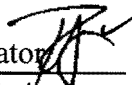
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Little Pine Pediatrics, PLLC  
 1211 North Center Street  
 Perry, FL 32347

Provider Number: 001165800  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.23	\$74.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Roger C. Roque, MD PA  
 St. Francis Primary Care Clinic  
 720 North Bay Street, Suite 8  
 Eustis, FL 32726

Provider Number: 001263800  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.23	\$74.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Premier Medical Pediatric Clinic, Inc.  
  
 315 E. Ash Street  
 Perry, FL 32347

Provider Number: 001496800  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.23	\$74.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Avon Park Pediatrics, PA  
 1571 US Hwy 27 North  
 Avon Park, FL 33825

Provider Number: 001524200  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.15	\$74.59	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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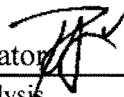
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Florida Pediatrics - Lake City  
 1859 SW Newland Way  
 Lake City , FL 32025

Provider Number: 001532500  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.44	\$78.91	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

North Florida Pediatrics - Jasper

Provider Number: 001534800

Date: 10/01/2012

1117 US Highway 41 NW, Suite B

Fiscal Year End: N/A

Jasper, FL 32052

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.44	\$78.91	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

West Florida Medical Associates, PA  
 Suncoast Primary Care Specialists - Inverness  
 3733 Gulf To Lake Hwy.  
 Inverness, FL 34453

Provider Number: 001589500  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.21	\$74.66	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

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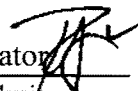
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Tri County Primary Care, Inc.  
 Tri County Primary Care - Dixie Co.  
 306 NE Hwy 351  
 Cross City, FL 32628

Provider Number: 001768600  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.21	\$74.66	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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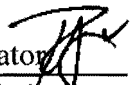
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Access Health Care - Lake Panasoffkee  
 1310 N. County Road 470  
 Lake Panasoffkee, FL 33538

Provider Number: 002070500  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.22	\$74.67	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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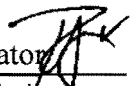
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Access Health Care - Beverly Hills  
  
 6279 N. Lecanto Hwy  
 Beverly Hills , FL 34465

Provider Number: 002070600  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.22	\$74.67	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Wakulla Urgent Care and Diagnostic Ctr PLC

Provider Number: 002074400

Date: 10/01/2012

2615 Crawfordville Hwy, Suite 103

Fiscal Year End: N/A

Crawfordville, FL 32327

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.22	\$74.67	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

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 Tallahassee, Florida 32308

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

Ernest R Gonzalez, MD

Provider Number: 002295300

Date: 10/01/2012

800 Zeagler Drive, Suite 600

Fiscal Year End: N/A

Palatka, FL 32177

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.22	\$74.67	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Sun n Lake Medical Group - Lake Placid

Provider Number: 002335400

Date: 10/01/2012

511 West Interlake Blvd.

Fiscal Year End: N/A

Lake Placid, FL 33852

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.22	\$74.67	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Health & Wellcare Services of Florida, Inc

Provider Number: 002711800

Date: 10/01/2012

5915 W. Gulf to Lake Hwy

Fiscal Year End: N/A

Crystal River, FL 34429

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.17	\$74.62	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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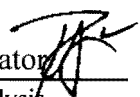
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Pediatric & Internal Medicine Specialists, PA  
 PO Box 2066  
 Lecanto, FL 34461

Provider Number: 002952100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.37	\$74.82	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

PRQ, Inc.  
 Pediatric Partners of Winter Haven  
 409 East Central Ave.  
 Winter Haven, FL 33880

Provider Number: 002983100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.17	\$74.62	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Dorothy J. Ray, MD  
 Pediatric Associates of Lakeland  
 2140 East Edgewood Drive  
 Lakeland, FL 33803

Provider Number: 002983300  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.17	\$74.62	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Mohammad Afzal  
 Excel Pediatrics & Family Care - TAVARES  
 2523 Dora Ave  
 Tavares, FL 32778

Provider Number: 003102600  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

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

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 Medicaid Cost Reimbursement Analysis

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

West Florida Medical Associates, PA

Provider Number: 003129100

Date: 10/01/2012

402 W. Highland Blvd.

Fiscal Year End: N/A

Inverness, FL 34452

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.37	\$74.82	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Premier Pediatrics, LLC

Provider Number: 003198500

Date: 10/01/2012

7960 SW 60th Ave.

Fiscal Year End: N/A

Ocala, FL 34476

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.40	\$74.85	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

High Springs Pediatrics, LLC

Provider Number: 003432700

Date: 10/01/2012

210 NW 1st Ave.

Fiscal Year End: N/A

High Springs, FL 32643

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.37	\$74.82	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Romulo J. Camogliano, MD PA

Provider Number: 003492200

Date: 10/01/2012

1400 N US Highway 441, Bldg 900, Suite 902

Fiscal Year End: N/A

The Villages, FL 32159

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.37	\$74.82	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

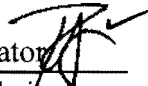
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Grace Healthcare Solutions, Inc.  
 7368 State Road 15, US 441  
 Pahokee, FL 33476

Provider Number: 003557700  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.39	\$74.84	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

West Florida Medical Associates, PA  
 Suncoast Primary Care Specialists - Homasassa  
 7991 S. Suncoast Blvd.  
 Homasassa , FL 34446

Provider Number: 003682000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.37	\$74.82	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Ira Fialko, DO, PA

Provider Number: 004567100

Date: 10/01/2012

6171 West Gulf to Lake Highway

Fiscal Year End: N/A

Crystal River, FL 34429

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Horizon Pediatrics LLC

Provider Number: 004690000

Date: 10/01/2012

611 Demorest Street SE

Fiscal Year End: N/A

Live Oak , FL 32064

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Mohammad Afzal, MD  
 Professional Pediatrics  
 1050 US HWY 27N Suite 5  
 Clermont, FL 34714

Provider Number: 004770700  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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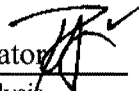
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Afzal Mohammad MD  
 Tavares Pediatrics Inc  
 2523 Dora Ave  
 Tavares , FL 32778

Provider Number: 004771000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

West Florida Medical Assoc. PA

Provider Number: 005919400

Date: 10/01/2012

3775 N. Lecanto Hwy

Fiscal Year End: N/A

Beverly Hills , FL 34465

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

West Floria Medical Associates, PA  
 Deven Medical Center  
 11707 N. Williams Street, Suite 2  
 Dunellon , FL 34432

Provider Number: 005951500  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Kids Health Alliance, PA

Provider Number: 006247200

Date: 10/01/2012

2650 NW 2nd Street, Suite 100

Fiscal Year End: N/A

Ocala, FL 34475

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

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

Dynamic Health Centers

Provider Number: 006309100

Date: 10/01/2012

2806 W. US Highway 90, Suite 102

Fiscal Year End: N/A

Lake City, FL 32055

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Sonnis Pediatrics PA

Provider Number: 006449300

Date: 10/01/2012

1125 South Sixth Avenue

Fiscal Year End: N/A

Wauchula, FL 33873

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Sunshine Pediatrics of Ocala, PA

Provider Number: 006480000

Date: 10/01/2012

1900 SW 20th Place

Fiscal Year End: N/A

Ocala, FL 34471

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> 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			

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

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

Provider Number: 029506000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$79.86	\$80.34	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Advent Christian Home  
 23730 Park Circle Dr  
 Dowling Park, FL 32064

Provider Number: 029511600  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.23	\$73.67	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			

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

Acorn Rural Health Clinic

Provider Number: 060245101

Date: 10/01/2012

23320 North State Road 235

Fiscal Year End: N/A

Brooker, FL 32622

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.22	\$77.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Kid's Care Pediatrics

Provider Number: 063363101

Date: 10/01/2012

6910 Old Wolf Bay Rd

Fiscal Year End: N/A

Palatka, FL 32177

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.44	\$78.91	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Heartland Pediatrics of L.W.  
  
 1356 State Road 60 East  
 Lake Wales, Fl 33853

Provider Number: 251469901  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.63	\$70.05	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Heartland Pediatrics of L.P  
 305 US Hwy 27 South  
 Lake Placid, FL 33852

Provider Number: 253535101  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.62	\$70.04	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

MJS Trust

3750 US 27 North  
 Sebring, FL 33870

Provider Number: 259715200  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.80	\$75.25	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Sebring Medical Walk-In Clinic  
  
 343 South Commerce Ave  
 Sebring, FL 33870

Provider Number: 259716100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$71.25	\$71.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Children's Medical Clinic  
  
 1002 SW 11 street  
 Live Oak, FL 32064

Provider Number: 370861601  
 Date: 09/20/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.46	\$69.88	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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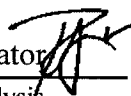
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Children's Medical Center  
  
 789 W. Duval Street  
 Lake City, FL 32055

Provider Number: 370861604  
 Date: 09/20/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.46	\$69.88	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Jack M. Matheny RHC

Provider Number: 372143401

Date: 10/01/2012

205 Zeagler Drive, Suite #101

Fiscal Year End: N/A

Palatka, FL 32177

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.44	\$78.91	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Milla Pediatrics  
  
 1847 S.W. Barnett Way  
 Lake City , FL 32025

Provider Number: 375159701  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.66	\$78.13	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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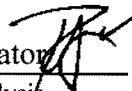
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Sebring Pediatrics  
  
 1550 Lakeview Dr.  
 Sebring, FL 33870

Provider Number: 377682401  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.34	\$73.78	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Shoreline Medical Group  
 419 Baltzell Avenue  
 Port St. Joe, FL 32456

Provider Number: 377827401  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.85	\$77.31	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Heartland Pediatric Associates  
 2523 U.S. Highway 27 So Suite #100  
 Avon Park, FL 33825

Provider Number: 660018200  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.80	\$74.24	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Heartland Pediatric Associates

Provider Number: 660018201

Date: 10/01/2012

1125 South 6th Avenue Wal-Mart Complex

Fiscal Year End: N/A

Wauchula, FL 33873

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.80	\$70.22	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Jay Medical Center  
 14088 Alabama St  
 Jay, FL 32565

Provider Number: 660022100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$80.10	\$80.58	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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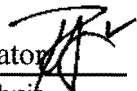
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Physicians Partners Network  
  
 605 Lamar Ave  
 Brooksville, FL 34601

Provider Number: 660024700  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.72	\$77.18	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Community Medical Ctr.-Deland  
 1190 North Stone Street  
 Deland, FL 32720

Provider Number: 660026300  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$79.51	\$79.99	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Comm. Medical Ctr.-Orange Cty.

Provider Number: 660026302

Date: 10/01/2012

810 Commed Boulevard Suite C

Fiscal Year End: N/A

Orange City, FL 32763

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.61	\$75.06	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

N. Fl. Pediatrics RHC  
 4316 Fifth Avenue  
 Marianna, FL 32446

Provider Number: 660027100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.44	\$78.91	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Geoffrey Roberts D.O., P.A.

Provider Number: 660031000

Date: 10/01/2012

756 N. Suncoast Boulevard

Fiscal Year End: N/A

Crystal River, FL 34429

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.75	\$77.21	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Century Medical Center  
 PO Box 400  
 Century, FL 32535

Provider Number: 660034400  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.13	\$77.59	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Mohammad Yunas, M.D. RHC  
 404 East Hwy 90  
 Bonifay, FL 32425

Provider Number: 660039500  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.44	\$78.91	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

PAK Rural Health Clinic  
 1376 Brickyard Rd  
 Chipley, FL 32428

Provider Number: 660041700  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.90	\$76.36	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Ikram U. Qureshi RHC

Provider Number: 660041701

Date: 10/01/2012

812 S. Weeks St

Fiscal Year End: N/A

Bonifay, FL 32425

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.90	\$76.36	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

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

Louis J Radnothy, D.O., P.A.

Provider Number: 660044100

Date: 10/01/2012

P.O. Drawer 2325

Fiscal Year End: N/A

Umatilla, FL 32784

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$79.69	\$80.17	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Richard A. Campbell RHC

Provider Number: 660046800

Date: 10/01/2012

105 Tomoka Boulevard South

Fiscal Year End: N/A

Lake Placid, FL 33852

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.09	\$78.56	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Wimauma Family Health Center  
 5121 State Rd 674  
 Wimauma, FL 33598

Provider Number: 660052200  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.25	\$74.70	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Children's Clinic  
 1100 N. Main St  
 Belle Glade, FL 33430

Provider Number: 660053100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.44	\$78.91	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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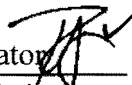
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Marion RHC dba Forest Family Health  
 15932 E. 40  
 Silver Springs, FL 34488

Provider Number: 660054900  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.35	\$77.81	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Ahmad T. Ismail RHC  
 110 E. Byrd Avenue  
 Bonifay, FL 32425

Provider Number: 660056500  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.13	\$69.54	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Bushnell Family Practice Ctr.  
  
 117 W. Belt Ave Suite A  
 Bushnell, FL 33513

Provider Number: 660062000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.98	\$76.44	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Meena Nathan Medical Center  
  
 840 South Bea Avenue  
 Inverness, Fl 34452

Provider Number: 660065400  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$72.55	\$72.99	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Florida Family Rural Hlth. Care  
  
 2398 N. Beach Drive, Suite 100  
 Avon Park, Fl 33825

Provider Number: 660069700  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.22	\$77.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Express Care of Belleview, Inc

Provider Number: 660070100

Date: 10/01/2012

10762 S US Highway 441

Fiscal Year End: N/A

Belleview, Fl 34420

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.49	\$77.95	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Nature Coast Family Medical  
 Nature Coast Family  
 3400 North Lecanto Highway Suite A  
 Beverly Hills, FL 34464

Provider Number: 660071900  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.23	\$74.68	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Rajendra P. Bellam, M.D. RHC  
 Rajendra Bellam MD - DUNNELLON  
 11707 N. Williams Street Suite #3  
 Dunnellon, Fl 34432

Provider Number: 660072700  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.81	\$76.26	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			

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

Charles S. Li, M.D., P.A. RHC  
 7647 W. Gulf to Lake Highway  
 Crystal River, FL 34429

Provider Number: 660075100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> 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			

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

Charles S. Li, M.D., P.A. RHC

Provider Number: 660075101

Date: 10/01/2012

10489 N. Florida Ave

Fiscal Year End: N/A

Citrus Springs, Fl 34434

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.11	\$73.55	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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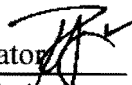
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

WFMA - Beverly Hills Med. Ctr  
 Alugubelli & Patel, MD, PA  
 3745 N. Lecanto Highway  
 Beverly Hills, FL 34465

Provider Number: 660076000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.75	\$77.21	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Palm Glades Rural Health Assoc

Provider Number: 660087500

Date: 10/01/2012

217 W. Avenue "A"

Fiscal Year End: N/A

Belle Glade, Fl 33430

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.28	\$76.74	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Hernando Medical Center  
 Hernando Medical Center  
 10489 N. Florida Ave.  
 Citrus Springs, Fl 34434

Provider Number: 660089100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.29	\$75.74	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

David A. Miller, MD, PA  
 Everglades Family Medicine  
 170 S. Barfield Hwy #102  
 Pahokee, FL 33476

Provider Number: 660100600  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.61	\$75.06	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Lake Pediatrics  
 4880 N. Hwy 19A  
 Mt. Dora, FL 32757

Provider Number: 660103100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.66	\$76.11	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Raypar, Inc.  
 Family Wellness Center  
 1064 North Broadway Avenue  
 Bartow, FL 33830

Provider Number: 660109000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$72.08	\$72.51	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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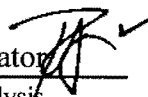
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Medical Associates, Inc.  
  
 411 N. Webster St  
 Wildwood, FL 34785

Provider Number: 660111100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.23	\$73.67	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Birth & Beyond, P.A.  
  
 1326 SR 100  
 Grandin, FL 32138

Provider Number: 660121900  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.66	\$76.11	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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 Tallahassee, Florida 32308

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

Family Medical Group(Sebring)  
  
 3420 US 27 North  
 Sebring, FL 33870

Provider Number: 660129400  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.38	\$76.84	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Weirdale Family Health Center  
 16400 S. Hwy 25  
 Weirdale, FL 32195

Provider Number: 660130800  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.12	\$76.58	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Oak Hill Medical

Provider Number: 660132400

Date: 10/01/2012

185A North Rt. 1, PO Box 373

Fiscal Year End: N/A

Oak Hill, FL 32759

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> 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			

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

North Florida Pediatrics -Sneads

Provider Number: 660135900

Date: 10/01/2012

7997 Hwy 90

Fiscal Year End: N/A

Sneads, FL 32460

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.44	\$78.91	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Andres R. Villar, M.D.

Provider Number: 660140500

Date: 10/01/2012

P.O. Box 606

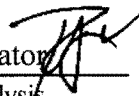
Fiscal Year End: N/A

Glen St. Mary, FL 32040

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.97	\$75.42	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Williston Pediatrics, PA  
  
 223 N. Main Street  
 Williston, FL 32696

Provider Number: 660141300  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$62.05	\$62.42	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Rajendra P. Bellam, MD  
 Raiendra P. Bellam, MD - INGLIS  
 41 N. Inglis Ave, PO Box 69  
 Inglis, FL 34449

Provider Number: 660142100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$59.75	\$60.11	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Doctor's Medical Ctr. of Walton County, PA  
 21 West Main St  
 DeFuniak Springs, FL 32435

Provider Number: 660147200  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.63	\$79.10	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Andres R. Villar, M.D.

Children's Medical Center - Mt. Vernon

P.O. Box 606

Glen St. Mary, FL 32040

Provider Number: 660151100

Date: 10/01/2012

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.97	\$75.42	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Andres R. Villar, M.D.  
 Children's Medical Center - Bava  
 P.O. Box 606  
 Glen Saint Mary, FL 32040

Provider Number: 660160000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.50	\$74.95	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Rural Health Network of Monroe Co.

Provider Number: 660161800

Date: 10/01/2012

P.O. Box 500370

Fiscal Year End: N/A

Marathon, FL 33050

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.44	\$74.89	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Putnam Obstetrics & Gynecology, Inc.  
 Putnam Obstetrics & Gynecology  
 700 Zeagler Drive, Suite 10  
 Palatka, FL 32177

Provider Number: 660162600  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.51	\$77.98	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Philip Colaizzo, MD, PA

Provider Number: 660164200

Date: 10/01/2012

170 S. Barfield Hwy

Fiscal Year End: N/A

Pahokee, FL 33476

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.60	\$75.05	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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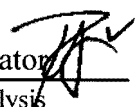
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Southern Family Healthcare, PA  
  
 P.O. Box 692  
 Chipley, FL 32428

Provider Number: 660167700  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.19	\$73.63	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Emmanuel Christian HC - Clermont  
 885 N. Powers Dr  
 Orlando, FL 32818

Provider Number: 660169300  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.47	\$74.92	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Rural Health Network of Monroe Co., FL., Inc. - St. Claires

Provider Number: 660170700

Date: 10/01/2012

P.O. Box 500370

Fiscal Year End: N/A

Marathon, FL 33050

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.45	\$74.90	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Rural Health Network of Monroe Co., Fl., Inc. - Ruth Ivins

Provider Number: 660171500

Date: 10/01/2012

P.O. Box 500370

Fiscal Year End: N/A

Marathon, FL 33050

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.45	\$74.90	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Children's Medical Center - Alachua  
 Children's Medical Center - Alachua  
 14681 N.W. Hwy 441  
 Alachua, FL 32615

Provider Number: 660174000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$72.16	\$72.59	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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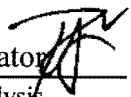
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Williston Family Practice  
 111 West Noble Ave  
 Williston, FL 32696

Provider Number: 660176600  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.45	\$74.90	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Sunrise Primary Care - Summit Ave

Provider Number: 660181200

Date: 10/01/2012

811 N. Summit St

Fiscal Year End: N/A

Crescent City, FL 32112

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> 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:**

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

**Rate Type :**

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

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

Pediatrics in Brevard - Cocoa Beach  
 Pediatrics in Brevard, PA  
 699 W. Cocoa Beach Cswy Suite 401  
 Cocoa Beach, FL 32931

Provider Number: 660182100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.30	\$74.75	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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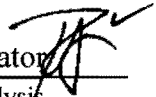
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Pediatrics in Brevard - Hibiscus  
 Pediatrics in Brevard, PA  
 1755 Hibiscus Blvd  
 Melbourne, FL 32901

Provider Number: 660183900  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.30	\$74.75	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Pediatrics in Brevard - Woods Dr  
 Pediatrics in Brevard, PA  
 134 S. Woods Dr  
 Rockledge, FL 32955

Provider Number: 660184700  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.30	\$74.75	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Sun 'Lake Medical Group, PA  
 Sun 'N Lake Medical Group  
 4958 Sun ' N Lake Blvd  
 Sebring, FL 33872

Provider Number: 660187100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> 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			

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

Northwest Florida Healthcare  
 1360 Brickyard Rd.  
 Chipley, FL 32428

Provider Number: 660189800  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

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

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

Panhandle Family Medicine  
 877 3rd St #4  
 Chipley, FL 32428

Provider Number: 660191000  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.32	\$74.77	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Health Care Initiative - Citra FH

Provider Number: 660194400

Date: 10/01/2012

17805 US Hwy 301 N.

Fiscal Year End: N/A

Citra, FL 32113

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.30	\$74.75	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

**Basis:**

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

**Rate Type :**

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

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

Three Rivers Medical  
  
 208 Suwannee Ave  
 Branford, FL 32005

Provider Number: 660195200  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.32	\$74.77	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Garcia Medical Clinic

Provider Number: 660200200

Date: 10/01/2012

411 E. Nelson Avenue

Fiscal Year End: N/A

Defuniak Springs, FL 32433

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.32	\$74.77	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Quintessential Health Services  
 Crystal Family Practice  
 6152 W. Corporate Oaks Dr  
 Crystal River , FL 34429

Provider Number: 660201100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> 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			

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

Chiefland Medical Center

Provider Number: 660204500

1113 N. W. 23rd Ave  
 Chiefland, FL 32626

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

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$72.76	\$73.20	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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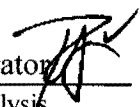
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

The Medical Center LLC  
 20454 N.E. Finley Ave  
 Blountstown , FL 32424

Provider Number: 660205300  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.16	\$74.60	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Clark Clinic

Provider Number: 660209600

Date: 10/01/2012

212 S. Florida St

Fiscal Year End: N/A

Bushnell, FL 33513

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.12	\$74.56	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Mohammad Afzal/Excel Pediatrics & Family Care

Provider Number: 660212600

Date: 10/01/2012

265 Citrus Tower Blvd Suite 102

Fiscal Year End: N/A

Clermont, FL 34711

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.67	\$79.14	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

Children's Medical Center - Branford  
 122 S.W. Suwannee Ave  
 Branford, FL 32008

Provider Number: 660213400  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.33	\$74.78	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Dwight Peter Tiu - Acute Care Pediatrics  
 1301 Reid St PO Box 797  
 Palatka, FL 32178

Provider Number: 660218500  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.12	\$74.56	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Family Medical Group, P.A.

Provider Number: 660219300

Date: 10/01/2012

105 Tomoka Blvd South

Fiscal Year End: N/A

Lake Placid, FL 33852

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.12	\$74.56	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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

DFS Walk-In Clinic

Provider Number: 660220700

Date: 10/01/2012

9 W. Orange Ave Suite #1

Fiscal Year End: N/A

Defuniak Springs, FL 32435

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.12	\$74.56	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

DJRJ2 Inc

484 SW Commerce Drive Suite 105  
 Lake City, FL 32025

Provider Number: 660226600  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.12	\$74.56	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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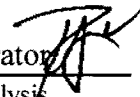
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Express Care of Belleview  
  
 2500 Citrus Blvd  
 Leesburg, FL 34748

Provider Number: 660230400  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.12	\$74.56	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Dawn Rene, Inc  
 Vernon Family Health Center  
 3027 Main St  
 Vernon, FL 32462

Provider Number: 660232100  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> 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			
#658 Room and Board			

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

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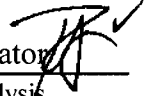
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jackson County Hospital  
 4318 5th Avenue  
 Marianna, FL 32446

Provider Number: 660233900  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.07	\$74.51	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Childrens Medical Center - Starke  
 319 West Call St  
 Starke, FL 32091

Provider Number: 660235500  
 Date: 10/01/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.17	\$74.62	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

**Distribution:**

- Fiscal Agent
- Contract Management
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- Program Development:

For information Only ( No Change in rate)



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

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

Sunrise Primary Care - St Johns Ave

Provider Number: 660236300

Date: 10/01/2012

219 N Palm Ave

Fiscal Year End: N/A

Palatka, FL 32177

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$71.65	\$72.08	10/01/2012
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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