

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry County Hospital Authority	Provider Number:	000640100
Hendry Regional Convenient Care Center	Date:	10/01/2013
450 S. Main Street, Suite 1	Fiscal Year End:	N/A
Labelle, FL 33935	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$114.78	\$115.58	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health System	Provider Number:	000707900
Family Practice Center of Avon Park	Date:	10/01/2013
1006 W. Pleasant Street	Fiscal Year End:	N/A
Avon Park, FL 33825	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.24	\$78.79	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Live Oak HMA, LLC	Provider Number:	002351900
Shands Live Oak RHC	Date:	10/01/2013
1426 Canyon Avenue, NE, Unit B	Fiscal Year End:	N/A
Live Oak, FL 32064	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$131.70	\$132.62	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimburs	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Starke HMA, LLC		Provider 1	Number:	002352500
Shands Starke RHC			Date:	10/01/2013
1550 S. Water Street		Fiscal Y		N/A
Starke, FL 32091		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$162.61	\$163.75	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Center	rs			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rim it based on costs		
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Distribution:				
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Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate	e)			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health Systems- FL Hosp. Heartland Med Ctr	Provider Number:	002954700
Florida Hospital Wauchula Pioneer Medical Center	Date:	10/01/2013
515 Carlton Street	Fiscal Year End:	N/A
Wauchula, FL 33873	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$110.99	\$111.77	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Campbellton-Graceville Hospital	Provider Number:	003227500
Campbellton Graceville Hospital Physicans Office	Date:	10/01/2013
5429 College Drive, Suite B	Fiscal Year End:	N/A
Graceville, FL 32440	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.77	\$79.32	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Calhoun Liberty Hospital Assoc.	Provider Number:	005955000
Calhoun Liberty Hospital Primary Care Clinic	Date:	10/01/2013
20370 NE Burns Ave.	Fiscal Year End:	N/A
Blountstown, FL 32424	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$79.96	\$80.52	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Sacred Heart Medical Group on the Gulf		Provider I	Number: Date:	008004300 10/01/2013
55 Avenue E		Fiscal Y		N/A
Apalachicola, FL 32320		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$79.17	\$79.72	10/01/2013
Swing-Bed Provider		-	<u> </u>	
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
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For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hendry Family Care Center		Provider l		253668401
		E:1 V	Date:	10/01/2013
500 West Sagamore Avenue		Fiscal Y	ear End: It Status:	N/A
Clewiston, Fl 33440		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$137.07	\$138.03	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing nome Rate	Settlemen	at based on costs		
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		dell Samuel, Ac		
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Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	rs_
Healthmark of Walton		Provider 1	Number:	372384401
			Date:	10/01/2013
4415 US Hwy 331		Fiscal Y		N/A
DeFuniak Springs, FL 32435		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$142.93	\$143.93	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	X Total P	rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
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Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Chipley Rural Health Clinic		Provider Number:		660005100
		Eigeal V	Date:	10/01/2013
P.O. Box 918		Fiscal Y		N/A
Chipley, FL 32428		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$101.97	\$102.68	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	t based on costs		
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Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	rs
Blountstown Family Practice			Number: Date:	660037900
17808 NE Charley Johns St		Fiscal Year End:		10/01/2013 N/A
Blountstown, FL 32424			t Status:	N/A
·				I
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$77.99	\$78.54	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Therm Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
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		dell Samuel, Ac		}
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Program Development:				
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Medicaid Reimburs	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Monticello Family Medicine		Provider 1		660037901
			Date:	10/01/2013
1549. S. Jefferson St		Fiscal Y		N/A
Monticello, FL 32344		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$77.99	\$78.54	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Center	s			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nulsing Home Rate	Settlemen	t based on costs		
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		dell Samuel, Ac		
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For information Only (No Change in rate	e)			



Quincy Medical Group		Provider I		660037902 10/01/2013
178 LaSalle Lafall Dr		Fiscal Y	Date: Fiscal Year End:	
Quincy, FL 32351			t Status:	N/A N/A
Provider Type:		Current Rate	New Rate	Effective Dat
Rural Health Clinic		\$77.99	\$78.54	10/01/2013
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				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosp Interim Total Is	tive Prospective Dective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Rydell Samuel, Ad Icaid Cost Reimbursen		<u> </u>



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Wakulla Family Medicine		Provider I		660037903
15 Council Moore Rd		Fiscal Y	Date: ear End:	10/01/2013 N/A
Crawfordville, FL 32327			t Status:	N/A
·				7.00 .4 7
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$77.99	\$78.54	10/01/2013
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 :			
D. I. (V D			
Budget Unaudited costs	X Prospectiv	rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		nt based on costs		
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		dell Samuel, Ad		<u> </u>
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Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Gateway Medical Clinic - Crestview		Provider 1		660049201
			Date:	10/01/2013
127-C Redstone Ave		Fiscal Y		N/A
Crestview, FL 32539		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$78.96	\$79.51	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemer	t based on costs		
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		dell Samuel, Ac		}
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<u>Distribution:</u>				
Fiscal Agent Contract Management				
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For information Only (No Change in rate)				

Report Calculated: 9/23/2013 2:40:54PM Report Printed: 9/23/2013



Medicaid Reimburs	sement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
N. Okaloosa Medical Center		Provider 1		660058100
		T. 1.77	Date:	10/01/2013
650 Hwy 331 South		Fiscal Y		N/A
DeFuniak, FL 32435		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$78.96	\$79.51	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Center	rs			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Total Inte	rim at based on costs dell Samuel, Ac	lministrator	 R
		id Cost Reimburser		
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rat	te)			



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Center for Family Health		Provider 1		660074300
		E:1 V	Date:	10/01/2013
P.O. Box 2177		Fiscal Y	ear End: It Status:	N/A
Arcadia, Fl 34265		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$78.00	\$78.55	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte			
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	Medica	20 Cost Reinfourser		
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Lake Butler Hospital RHC		Provider 1		660083200
050 5 14 : 0		Fiscal Y	Date:	10/01/2013
850 E. Main St			t Status:	N/A N/A
Lake Butler, FL 32054		Audi	it Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$154.98	\$156.06	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs	X Prospectiv X Total P	rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs		strve Hajastea Tot 1	iew costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemen	t based on costs		
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		id Cost Reimburser	U	√
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctors' Memorial Hospital	Provider Number:	660092100
Steinhatchee Family Center	Date:	10/01/2013
1209 1st Avenue South	Fiscal Year End:	N/A
Steinhatchee, Fl 32359	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$271.69	\$273.59	10/01/2013
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Madison Memorial Health Care		Provider 1	Number: Date:	660093000 10/01/2013
194 NE Hancock Ave		Fiscal Y		N/A
Madison, FL 32340		Audi	t Status:	N/A
, , , , , , , , , , , , , , , , , , ,				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$113.56	\$114.35	10/01/2013
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Doctor's Memorial Family Medicine		Provider 1	Number: Date:	660123500 10/01/2013
P.O. Box 228		Fiscal Y	ear End:	N/A
Mayo, FL 32066		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$150.65	\$151.70	10/01/2013
Swing-Bed Provider		,		
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	.•		
Average Nursing Home Rate	Total Inte			
	Settlemen W. Ry	t based on costs dell Samuel, Actid Cost Reimburser		<u> </u>
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimburs	ement Per Diem Ra	tes for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Doctor's Memorial Family Practice		Provider 1	Provider Number: Date:			
		Fiscal Y	10/01/2013 N/A			
1702 S. Jefferson St. Perry, FL 32348		Audit Status:				
Telly, 11 32546	Perry, FL 32346					
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic	\$101.97	\$102.68	10/01/2013			
Swing-Bed Provider						
Federally Qualified Health Center	rs .					
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board						
Basis:	Rate Type	:				
Budget Unaudited costs	X Prospect X Total	ve Prospective				
Desk audited costs		•	ective Adjusted for New Costs			
Field audited costs						
Medicare - Prospective	Interim					
X Payment System Rate Total In Average Nursing Home Rate Settlem						
Average rvursing frome Rate	Settler	nent based on costs		ア		
	W.	Rydell Samuel, Ac	lministrator			
	Med	licaid Cost Reimburser	nent Analysis	v.		
Distribution:						
Fiscal Agent						
Contract Management Permanent File						
Program Development:						



Medicaid Reimbursement Per Diem	Rates	for Non-Institut	ional Provide	<u>rs</u>			
Nature Coast Family Health Services		Provider Number:		660137500			
			Date:	10/01/2013			
125 S.W. 7th Street		Fiscal Year End:		N/A			
Williston, FL 32696		Audit Status: N/A					
Provider Type:		Current Rate	New Rate	Effective Date			
Rural Health Clinic		\$115.12	\$115.93	10/01/2013			
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 T	ype:						
Budget X Pr	ospectiv	re					
		Prospective					
		ctive Adjusted for New Costs					
Field audited costs							
	Interim						
Average Numing Home Date	raina Hama Data			erim nt based on costs			
	ettiemer	it based on costs					
	W. Rv	dell Samuel, Ac	lministrator	R			
		id Cost Reimburser		 			
Distribution:							
Fiscal Agent							
Contract Management							
Permanent File							
Program Development:							
For information Only (No Change in rate)							



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Doctor's Memorial Internal Medicine		Provider Number: Date:		660138300 10/01/2013	
402 E. Ash St		Fiscal Y		N/A	
Perry , FL 32347		Audit Status:		N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		\$101.97	\$102.68	10/01/2013	
		\$101.97	\$102.08	10/01/2013	
Swing-Bed Provider Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs	X Total Prospective				
Desk audited costs					
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Interim Settlement based on costs				
	W. Ry	dell Samuel, Ac		<u>r</u>	
	Medica	id Cost Reimburser	nent Analysis	•	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					