

Florida Dept of Health d/b/a Osceola Co. Health Dept. 105 Doverplum Ave.		Provider Number: Date: Fiscal Year End:		000835600 10/01/2010	
				N/A	
Kissimmee, FL 34758		Audit Status:		N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$127.42	\$128.06	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospective	ve			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	nterim			
Average Nursing Home Rate	Settleme	nt based on costs	,		
		ydell Samuel, Ad aid Cost Reimburser			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate))				



	Diem Rates for Non-Institut		/ 1 0	
Comprehensive Community Care Network, Inc.	Provider :	Provider Number:		
CCCnet	T' 13	Date:	10/01/2010	
2330 S. Congress Ave.		ear End:	N/A	
Palm Springs, FL 33406	Aud	it Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider		***************************************		
X Federally Qualified Health Centers	\$126.28	\$126.91	10/01/2010	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	ate Type :			
Budget X	Prospective			
Unaudited costs	Total Prospective		· ·	
Desk audited costs	Prospective Adjusted for N	New Costs		
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Interim Settlement based on costs			
	W. Rydell Samuel, Ac		R.	
	Medicaid Cost Reimburser	ment Analysis	•	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



Gulfstream Anesthesia Associates, Inc.	ent I et Diem Rate.	Provider Number: 00151		
			10/01/2010	
1811 South 25th Street		Fiscal Y		N/A
Fort Pierce, FL 34947		Audi	t Status:	N/A
Provider Type: Current Ra		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$130.75	\$131.40	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :		 .	and the second s
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	- -			
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settleme	nt based on costs		
	W/ D:	udall Samual Ac	Iministrator	R/
		ydell Samuel, Ac aid Cost Reimburser		
			•	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 logiam Development.				
For information Only (No Change in rate)				



Heart of Florida Health Center, Inc.		Provider Number: Date:		001718300 10/01/2010	
1025 SW 1st Ave.		Fiscal Year End:		N/A	
Ocala, FL 34471		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		2			
Swing-Bed Provider					
X Federally Qualified Health Centers		\$107.69	\$108.23	10/01/2010	
Hospice Provider					
#651 Routine Home Care				,	
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:				
Budget	X Prospectiv				
Unaudited costs Desk audited costs		rospective ctive Adjusted for N	Iew Costs		
Field audited costs	Trospe	enve rajusted for 1	10 W C0313		
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte	nterim nent based on costs			
	Settleme	nt based on costs			
		ydell Samuel, Ad aid Cost Reimburser		R/	
Distribution: Fiscal Agent Contract Management		•			
Permanent File Program Development:					
i Togram Development.					
For information Only (No Change in rate)					



	Provider Number: Date:		029152803 10/01/2010	
			N/A	
	Audi	t Status:	N/A	
	Current Rate	New Rate	Effective Date	
	\$142.98	\$143.69	10/01/2010	
Rate Type :				
Prospectiv	e e			
	-			
Prospe	ctive Adjusted for N	lew Costs		
Interim				
	erim			
				
			R.	
	X Total P Prospect Interim Total Interim Settlemen W. Ry	Rate Type: Prospective X Total Prospective Prospective Adjusted for Notal Interim Total Interim Settlement based on costs W. Rydell Samuel, Advanced.	Rate Type: Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim Total Interim	



Date: 10/01/201 1454 W. Madison Avenue Fiscal Year End: N/A Immokalee, FL 33934 Provider Type: Current Rate New Rate Effective Rural Health Clinic Swing-Bed Provider		Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	ional Provide	e <u>rs</u>
1454 W. Madison Avenue Immokalee, FL 33934 Provider Type: Current Rate New Rate Effective	Collier Health S	evices - Tamiami Trail		Provider 1		029152804
Immokalee, FL 33934 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #659 Room and Board Rate Type:				T' .137		10/01/2010
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #655 Inpatient Respite Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Current Rate New Rate Effective Rate Type: X Prospective X Prospective X Prospective Interim Settlement based on costs W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analyse	1454 W. Madiso	on Avenue				
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	Immokalee, FL	33934	Audit Status.		N/A	
Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	Provider Type	:		Current Rate	New Rate	Effective Date
Rate Type:	Rural Hea	ılth Clinic				
Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	Swing-Be	d Provider				
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	X Federally	Qualified Health Centers		\$142.98	\$143.69	10/01/2010
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	Hospice P	rovider				
#655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	#651 Re	outine Home Care				
#656 General Inpatient Care #659 Room and Board Basis:	#652 Ce	ontinuous Home Care				
#659 Room and Board Basis:	#655 In	patient Respite Care				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective X Prospective Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	#656 G	eneral Inpatient Care		1	· · · · · · · · · · · · · · · · · · ·	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File	#659 Re	oom and Board			AND AND THE STREET	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File						
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File	Basis:		Rate Type :			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File	Budge	t	X Prospecti	ve		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File						
Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File	Desk a	udited costs	Prospe	ective Adjusted for N	New Costs	
X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File	Field a	audited costs				
Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Piscal Agent Contract Management Permanent File						
W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Piscal Agent Contract Management Permanent File						
W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Piscal Agent Contract Management Permanent File	Averag	e Nutsing Home Rate	Settleme	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File			W D	1 - 11 C 1 . A .		
Distribution: Fiscal Agent Contract Management Permanent File				<u> </u>		
Fiscal Agent Contract Management Permanent File			Wicaio	aid Cost Remiburse.	ment i marjop	
Contract Management Permanent File	Distribution :					
Permanent File	_					
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Program Development.		anment.				
	Program Devel	эршеш.				
For information Only (No Change in rate)	For infor	nation Only (No Change in rate)				



<u>Medicaid Reimb</u>	<u>ursement Per Diem Rate</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	ers
Collier Health Services - East Naples Medical Ctr		Provider Number: Date:		029152805 10/01/2010
1454 Madison Avenue		Fiscal Y		N/A
Immokalee, FL 33962		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cen	iters	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care) 			
#655 Inpatient Respite Care	<u> </u>			
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ive		
Unaudited costs	X Total	Prospective		
Desk audited costs	Prospe	ective Adjusted for N	New Costs	
Field audited costs	.			
Medicare - Prospective X Payment System Rate	Interim Total In	tanina		
Average Nursing Home Rate		ent based on costs		
		Lydell Samuel, Ac	lministrator	R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in	ı rate)			



Collier Health Services - Golden Gate Pediatrics		Provider Number: Date:		029152806 10/01/2010
1454 Madison Avenue Immokalee, FL 34116		Fiscal Year End: Audit Status:		N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settleme	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad aid Cost Reimburser		
For information Only (No Change in rate)				



	TOT TOT TRISTICAL	<u>ional Provide</u>	<u>rs</u>
Collier Health Services - Children's Health Network		Provider Number: Date:	
			N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
	\$142.98	\$143.69	10/01/2010
	!		
	!		
General Inpatient Care			
Rate Type:			
X Prospectiv	/e		
X Total F	rospective		
Prospe	ctive Adjusted for N	lew Costs	
	X Prospectiv X Total F Prospe Interim Total Inte	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N	Rate Type : X Prospective You not not all interim Total Interim To



Collier Health Services - Marco Island Pediate		Provider 1	Number:	
		E'137	Date:	10/01/2010
1454 Madison Avenue		Fiscal Y	ear Eng: t Status:	N/A N/A
Immokalee, FL 34145		Atudi	t Gtatus.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider		1		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
	V D			
Budget Unaudited costs	X Prospectiv	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			
	Settlemen	nt based on costs		· · · · · · · · · · · · · · · · · · ·
	W D	dall Comunal Ad	ministrator	R /
		ydell Samuel, Ad aid Cost Reimburser		
			, ,	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicald Reinibul	<u>sement Per Diem Rate</u>	es for Mon-Institut	ioliai Frovide	<u>:rs</u>
Collier Health Services - Immokalee FCC		Provider Number: Date: Fiscal Year End:		029152810 10/01/2010
1454 Madison Avenue			t Status:	N/A N/A
Immokalee, FL 34142				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis: Budget	Rate Type	tive		
Unaudited costs Desk audited costs Field audited costs		Prospective Dective Adjusted for N	lew Costs	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total In	nterim ent based on costs		
<u>Distribution:</u>		Rydell Samuel, Ad caid Cost Reimburser		
Fiscal Agent Contract Management Permanent File				



Collier Health Services - Golden Gate Dental		Provider Number: Date:		683955000 10/01/2010
P.O. Box 12229 Naples, FL 34101		Fiscal Ye Audi		N/A N/A
Provider Type:	- the am	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ry Medica	/dell Samuel, Ad	ministrator	
For information Only (No Change in rate)				



Collier Health Services - Horizon PCC		Provider Number: Date:		683955003 10/01/2010	
P.O. Box 12229	•	Fiscal Year End:		N/A	
Naples, FL 34101		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board			· 		
Basis:	Rate Type:				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Interim Total Inte	rospective ctive Adjusted for N	ew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen			
For information Only (No Change in rate)					



Provider 1	Number:	683955005	
	Provider Number:		
Figor V	Date:	10/01/2010	
		N/A N/A	
		1 1/ 1 1	
Current Rate	New Rate	Effective Date	
\$142.98	\$143.69	10/01/2010	
pe:		Alambad yar rem	
pective	•		
otal Prospective			
rospective Adjusted for N	lew Costs		
1			
lement based on costs			
		R	
	Pe: pective otal Prospective rospective Adjusted for Notal Interim lement based on costs V. Rydell Samuel, Ad	pe: pective otal Prospective rospective Adjusted for New Costs al Interim	



Medicaid Reimbursemer	nt Per Diem Rates	for Non-Institut	ional Provide	e <u>rs</u>
Collier Health Services - Ronald McDonald		Provider l	683955006	
			Date:	10/01/2010
P. O. Box 12229		Fiscal Y		N/A
Naples, FL 34101		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				,
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim	•		
X Payment System Rate Average Nursing Home Rate	Total Inte	rim it based on costs		
	Settlemen	it based on costs		
		dell Samuel, Ad		1
	Medica	id Cost Reimburser	nent Analysis	1
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 togram Development.				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	ers
Collier Health Services, Inc - Countryside Childrens Dental		Provider Number: Date:		683955010 10/01/2010
1454 Madison Avenue		Fiscal Y		N/A
Imokalee, FL 33934		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			. 20	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 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 X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		erim nt based on costs		
	 W. R:	ydell Samuel, Ac	lministrator	R
			y - ų -	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen				<u>rs</u> 683955012
Collier Health Services, Inc FSU Primary Care		Provider Number: Date:		10/01/2010
1454 Madison Avenue		Fiscal Y		N/A
		Audit Status:		N/A
Imokalee, FL 33934				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
			· · · · · · · · · · · · · · · · · · ·	
Basis:	Rate Type :			AL
	W D			
Budget Unaudited costs	X Prospective X Total F	ve Prospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
			1	Z /
		ydell Samuel, Ad		
	Medica	aid Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Collier Health Services		Provider I	683955014 10/01/2010	
1454 Madison Ave W		Fiscal Year End:		N/A
Immokalee, FL 34142		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		The same of the sa		
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 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	Todasin			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		it based on costs		
		dell Samuel, Ad	ministrator	
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Trenton Medical Center, Inc.		Provider Number: Date:		029506001 10/01/2010
911 S. Main St		Fiscal Year End:		10/01/2010 N/A
Trenton, FL 32693		Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$92.61	\$93.07	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Thermi Total Inte	rim		,
Average Nursing Home Rate		t based on costs		
		dell Samuel, Ad		R
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimbursemen</u>	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Trenton Medical Center - Bradford		Provider 1		029506007
24.6.25.4		Fiscal Y	Date:	10/01/2010 N/A
911 S. Main St			t Status:	N/A N/A
Trenton, FL 32693		7 Kudi	t Gtatas.	IVA
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$92.61	\$93.07	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
: Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemer	t based on costs		
	W D-	-d-11 C1 A d	· L	R
		dell Samuel, Ad		
	Wiedica	id Cost Remiburser	nent Anarysip	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 togram Dovotopmont.				
For information Only (No Change in rate)				



Medicaid Reimburs	ement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Trenton Medical Center - Pediatrics TMC Pediatrics 2010 N. Young Blvd. Chiefland, FL 32626		Provider I Fiscal Y Audi	029506009 10/01/2010 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		To the state of th		
X Federally Qualified Health Center	S	\$92.61	\$93.07	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			•	
#655 Inpatient Respite Care			,	
#656 General Inpatient Care				
#659 Room and Board				
				<u> </u>
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe	rospective ctive Adjusted for N	Iew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ac	lministrator	K
	e)			



Medicaid Reimbursement I	Diem Kates			<u>rs</u>
Trenton Medical Center - Healthcare		Provider 1		029506011
TMC Healthcare		Times 1 37	Date:	10/01/2010
630 N. Main Street		Fiscal Y	ear End: t Status:	N/A N/A
Williston, FL 32696		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic	, ,			
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$92.61	\$93.07	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				i
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
			· · · · · · · · · · · · · · · · · · ·	
Basis:	Rate Type :			
Budget	Prospectiv	7e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad uid Cost Reimbursen		P
Distuibution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimbursemen</u>	t Per Diem Kates			<u>rs</u>
Trenton Medical Center - Palms Pediatrics		Provider I	029506013	
Palms Pediatrics		Date:		10/01/2010
PO Box 640		Fiscal Year End: Audit Status:		N/A
Trenton, FL 32693		Audi	t Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	· · · · · · · · · · · · · · · · · · ·			
X Federally Qualified Health Centers		\$92.61	\$93.07	10/01/2010
Hospice Provider	****			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N		P
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		id Cost Reimbursen		



Medicaid Reimburs	ement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Trenton Medical Center, Inc Bell Family Healthcare 1830 N. Main Street Bell, FL 32619		Provider Number: Date: Fiscal Year End: Audit Status:		690595100 10/01/2010 N/A N/A
Bell, FL 32019		T		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$92.61	\$93.07	10/01/2010
Hospice Provider	·		·	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			•	
#659 Room and Board				
		1		
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs Field audited costs		re rospective ctive Adjusted for N	ew Costs	
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
<u>Distribution:</u> Fiscal Agent		vdell Samuel, Ad id Cost Reimbursen	ministrator	
Contract Management Permanent File Program Development:				
For information Only (No Change in rate	e)			



Medicaid Reimbursement	Per Diem Ra	tes for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Jessie Trice Community Health Center - Flamingo		Provider 1	Provider Number: Date:	
700 S. Royal Poinciana Blvd, Suite 300			ear End:	N/A
Miami Springs, FL 33166		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total	_		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Rydell Samuel, Addicaid Cost Reimburser	lministrator	
For information Only (No Change in rate)				



Jessie Trice Community Health Center - Main	_ J. Diem Rates	Provider l		029541800	
Jessie Thee Community Hearth Center - Main		11011401	Date:	10/01/2010	
700 S. Royal Poinciana Blvd, Suite 300		Fiscal Y	ear End:	N/A	
Miami Springs, FL 33166		Audit Status:		N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider	·				
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010	
Hospice Provider				-	
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					

Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs		
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim	.*			
Average Nursing Home Rate	Total Inte	rım t based on costs			
	Somemen	a bused off costs			
	W. Rv	dell Samuel, Ad	ministrator	F/	
		id Cost Reimbursen		/	
D: 4.2					
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
i rogram Development.					
For information Only (No Change in rate)					



Medicaid Reimbursement	<u>Per Diem Rates</u>	for Non-Institut	ional Provide	<u>rs</u>
Jessie Trice Community Health Center - North 700 S. Royal Poinciana Blvd		Provider ?	029541802 10/01/2010	
			ear End:	N/A
Miami Springs, FL 33166		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010
Hospice Provider			,	
#651 Routine Home Care				
#652 Continuous Home Care		vs.		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
		nt based on costs	L	R /
		id Cost Reimburser		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem R	ates for Non-Institut	ional Provide	<u>rs</u>	
Jessie Trice Community Health Center - Cope North		Provider Number: Date:		
700 S. Royal Poinciana Blvd Suite 300		ear End:	N/A	
Miami Springs, FL 33166	Aud	it Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$124.54	\$125.16	10/01/2010	
Hospice Provider	i i			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis: Rate Typ	e :			
Budget X Prosp	ective			
Unaudited costs X To	l Prospective			
	pective Adjusted for New Costs			
Field audited costs				
Medicare - Prospective Interim X Payment System Rate Total	Takanina			
Assessed Nameina Home Data	Interim ement based on costs			
W	. Rydell Samuel, Ad		P /	
Me	edicaid Cost Reimburser	nent Analysis		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimbursen</u>	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Jessie Trice Community Health Center - Northshore		Provider Number: Date:		029541806 10/01/2010	
700 S. Royal Poinciana Blvd		Fiscal Y		N/A	
Miami Springs, FL 33166		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		:			
Swing-Bed Provider					
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care	<u> </u>				
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	ve			
Unaudited costs		rospective			
Desk audited costs	Prospec	pective Adjusted for New Costs			
Field audited costs	Interim				
Medicare - Prospective X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate		nt based on costs			
	W. R ₃	dell Samuel, Ad		R/	
		id Cost Reimburser			
Distribution: Fiscal Agent Contract Management 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>
Jessie Trice Community Health Center - Nor	land HCC	Provider 1	Number: Date:	029541808 10/01/2010
700 S. Royal Poinciana Blvd		Fiscal Y	ear End:	N/A
Miami Springs, FL 33166		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		i i		
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte	i.va		
Average Nursing Home Rate		nt based on costs		
		/dell Samuel, Ad		R
<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-Institut	<u>ional Provide</u>	<u>rs</u>
Jessie Trice Community Health Center - Charles Drew El	em Provider l	Number: Date:	029541810 10/01/2010
700 S. Royal Poinciana Blvd	Fiscal Y		N/A
Miami Springs, FL 33166	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		***	
Swing-Bed Provider			
X Federally Qualified Health Centers	\$124.54	\$125.16	10/01/2010
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care		· "-	
#656 General Inpatient Care			
#659 Room and Board			
Basis: Rate T	ype:		
Budget X Pro	ospective		
Unaudited costs X	Total Prospective		
	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interi X Payment System Rate	m otal Interim		
A N D	ettlement based on costs		
	W. Rydell Samuel, Ad Medicaid Cost Reimburser	lministrator	R/
Fiscal Agent	•		
Contract Management			
Permanent File Program Development:			
rogiani Developinent.			
For information Only (No Change in rate)			



Fiscal		029541812 10/01/2010 N/A N/A Effective Date
Current Rat	te New Rate	N/A Effective Date
Current Ra	te New Rate	Effective Date
\$124.5	4 \$125.16	10/01/2010
\$124.5	4 \$125.16	10/01/2010
\$124.5	4 \$125.16	10/01/2010
Type:		
Prospective		
Total Prospective		
Prospective Adjusted for	or New Costs	
	Prospective Adjusted for terim Total Interim Settlement based on costs W. Rydell Samuel,	Prospective Total Prospective Prospective Adjusted for New Costs



<u>Medicaid Reimburse</u>	ment Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Jessie Trice Community Health Center - Po	inciana Park Elem	Provider l	Number: Date:	029541814 10/01/2010
700 S. Royal Poinciana Blvd		Fiscal Y		N/A
Miami Springs, FL 33166		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Int	erim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser	lministrator	
For information Only (No Change in rate))			



Medicaid Reimbursem	nent Per Diem Rates			<u>rs</u>
Jessie Trice Community Health Center - Norland Triplex		Provider Number: Date: Fiscal Year End:		029541816
				10/01/2010 N/A
700 S. Royal Poinciana Blvd			t Status:	N/A N/A
Miami Springs, FL 33166		T. F		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			181 - 18 18 18 18 18 18 18 18 18 18 18 18 18 18	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		
	Wiedle	ad Cost Remibulsei.	nent Anarysip	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Jessie Trice Community Health Center - Jefferson Reaves		Provider Number: Date:		029541818 10/01/2010
700 S. Royal Poinciana Blvd		Fiscal Y		N/A
Miami Springs, FL 33166		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				_
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim	_		
X Payment System Rate Average Nursing Home Rate	Total Int			
i		nt based on costs	L.	
		ydell Samuel, Ad		
	Medic	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemei	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Jessie Trice Community Health Center - James	Scott Satellite	Provider 1	Number: Date:	029542600 10/01/2010
700 S. Royal Poinciana Blvd, Suite 300		Fiscal Y	ear End:	N/A
Miami Springs, FL 33166		Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$124.54	\$125.16	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Payment System Rate Average Nursing Home Rate	Total Inte	rım ıt based on costs		
	Settlemen	t based on costs	· · · · · · · · · · · · · · · · · · ·	Z/
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	l
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Rural Health Care - Main		Provider 1	029543400 10/01/2010	
P.O. Box 817 Palatka, FL 32178		Fiscal Yo Audi	Date: ear End: t Status:	N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.23	\$118.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosper	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Rural Health Care - Palatka Family Medical Center		Provider Number:		029543401
P.O. Box 817		Date: Fiscal Year End:		10/01/2010 N/A
Palatka, Fl 32178			t Status:	N/A
·		· _ · · · · · · · · · · · · · · · · · ·		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			·	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.23	\$118.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
		<u> </u>		
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	W	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File		dell Samuel, Ad	ministrator	R/
Program Development:				
For information Only (No Change in rate))			



Provider Number: Date:		029543402 10/01/2010	
		N/A	
Audi	t Status:	N/A	
Current Rate	New Rate	Effective Date	
\$118.23	\$118.82	10/01/2010	
:			
tive			
Prospective			
pective Adjusted for N	lew Costs		
nterim			
ent based on costs			
	Current Rate \$118.23 tive Prospective Dective Adjusted for Noterim Dent based on costs Rydell Samuel, Ad	Fiscal Year End: Audit Status: Current Rate New Rate \$118.23 \$118.82 tive Prospective Sective Adjusted for New Costs	



Medicaid Reimpursement Fer			15
Rural Health Care - Crescent City Family Med. Cent	er Provider I		029543403
	Eigen V	Date:	10/01/2010
P.O. Box 817 P.O. Box 146	Fiscal Y	t Status:	N/A N/A
Palatka, Fl 32178	Auu	Audit Status.	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.23	\$118.82	10/01/2010
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis:	ite Type :		
Budget X	Prospective		
	Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective	Interim		
X Payment System Rate Average Nursing Home Rate	Total Interim		
	Settlement based on costs	and the state of t	
	W. Rydell Samuel, Ad	ministrator	R/
	Medicaid Cost Reimburser		₽—
Distribution:			
Fiscal Agent Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



<u>Medicaid Reimbursen</u>	nent Per Diem Rates	s for Non-Institut	ional Provide	<u>ers</u>
Rural Health Care - Keystone Family Med. Center		Provider Number: Date:		029543405 10/01/2010
P.O. Box 817		Fiscal Year End:		N/A
Palatka, Fl 32178		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.23	\$118.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			****	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe	Prospective octive Adjusted for N		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		aid Cost Reimburser		/
For information Only (No Change in rate)				



<u>Medicaid Reimbursem</u>	<u>ient Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	rs
Rural Health Care - Hawthorne Family Med. Center		Provider Number: Date:		029543406 10/01/2010
P.O. Box 817		Fiscal Y		N/A
Palatka, Fl 32178		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.23	\$118.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			·	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe InterimTotal Inte	rospective ctive Adjusted for N	ew Costs	7
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ydell Samuel, Ad aid Cost Reimbursen		



Medicaid Reimburs	sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Rural Health Care - Palatka Family Medical Center		Provider Number: Date:		029543407 10/01/2010
P.O. Box 817		Fiscal Y		N/A
Palatka, FL 32178		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	·s	\$118.23	\$118.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad nid Cost Reimburser	ministrator	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rat	e)			



Rural Health Care - Family Medical & Dental Centers		Provider Number: Date:			
P.O. Box 817		Fiscal Y		N/A	
Palatka, FL 32178		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$118.23	\$118.82	10/01/2010	
Hospice Provider					
#651 Routine Home Care		1			
#652 Continuous Home Care					
#655 Inpatient Respite Care	•				
#656 General Inpatient Care					
#659 Room and Board					
			^ ^ 1~		
Basis:	Rate Type :				
Budget Unaudited costs	X Prospectiv	re 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 Nuising Hotic Rate	Settlemer	t based on costs			
Distribution:		vdell Samuel, Ad id Cost Reimburser			
Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Medicaid Reimburse	ement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Rural Health Care - Family Med & Dental Ctr - Elm Street		Provider Number: Date:		029543411 10/01/2010
P.O. Box 817		Fiscal Y		N/A
Palatka, FL 32177		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	<u>.</u>	\$118.23	\$118.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ry Medica	dell Samuel, Ad id Cost Reimbursen	ministrator	
For information Only (No Change in rate)			



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Miami Beach Community Health Center - Stanley C. Myers		Provider Number:		029544200
710 Alton Road Miami, FL 33139		Fiscal Y Audi	10/01/2010 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.35	\$118.94	10/01/2010
Hospice Provider		:		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			1
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad	ministrator	R
For information Only (No Change in rate)				



Miami Beach Community Health Center - Beverly Press		Provider Number: Date:		029544201 10/01/2010
710 Alton Road		Fiscal Y		N/A
Miami, FL 33139		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	3	\$118.35	\$118.94	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospecti	ive		
Unaudited costs		Prospective		
Desk audited costs Field audited costs	Prospe	ective Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total In	terim		
Average Nursing Home Rate	Settleme	ent based on costs		
		ydell Samuel, Ad aid Cost Reimbursen		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)			



	Provider I Fiscal Y Audi Current Rate	Date:	029544205 10/01/2010 N/A N/A
710 Alton Road Miami, FL 33139	Audi	t Status:	
Miami, FL 33139	1		N/A
	Current Rate	New Rate	
Provider Type:		Tien Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.35	\$118.94	10/01/2010
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: Rate Ty	/pe:		
	spective		
	Fotal Prospective		
	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interir X Payment System Rate To	n tal Interim		
Assessed Number Home Date	tlement based on costs		
	W. Rydell Samuel, Ad Medicaid Cost Reimburser	ministrator	R
Distribution:			
Fiscal Agent			
Contract Management Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimbursement	<u>Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Miami Beach Community Health Center - Nanay Health Center		Provider Number: Date:		029544207 10/01/2010
710 Alton Road		Fiscal Y		N/A
Miami, FL 33139		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	<u></u>			
X Federally Qualified Health Centers		\$118.35	\$118.94	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimburser		
For information Only (No Change in rate)				



rly Press Annex	Fiscal Y	Date:	029544209 10/01/2010 N/A N/A Effective Date
	Audi	ear End: t Status:	N/A N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
	+		
	\$118.35	\$118.94	10/01/2010
11. 44.1. 484. 484.			***
Rate Type :			
X Prospectiv	ve		
Prospe	ctive Adjusted for N	lew Costs	
	X Prospective X Total For Prospective Interim Total Interim Settlement	X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Miami Beach Community Health Center - 2nd Ave		Provider Number: Date:		029544211 10/01/2010
710 Alton Road		Fiscal Year End: N		N/A
Miami, FL 33139		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.35	\$118.94	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rin.		
Average Nursing Home Rate		ent based on costs		
		dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursen	nent Analysis	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Community Health Centers, Inc.	Provider 1	029545100 10/01/2010		
P.O. Box 1249	-	Fiscal Y	N/A	
Apopka, FL 32704		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				ì
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average ivuising frome Rate	Settlemer	nt based on costs		
		dell Samuel, Ad		
	Medica	iid Cost Kemibursei	nent Analysis	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburse	ement Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>ers</u>
Community Health Centers, Inc Winter Garden Child Hlth WG Childrens Health P.O. Box 2329 Apopka, FL 32704		Provider Number: Date: Fiscal Year End: Audit Status:		029545108 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	1	\$135.76	\$136.44	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			·	
#656 General Inpatient Care	#656 General Inpatient Care			
#659 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	ProspeInterimTotal Inte	Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser	lministrator	



<u>ement Per Diem Rates</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>	
Community Health Centers - Southlake Fmly Hlth Southlake Family Health P.O. Box 2329 Apopka, FL 32704		Provider Number: Date: Fiscal Year End: Audit Status:		
	Current Rate	New Rate	Effective Date	
S	\$135.76	\$136.44	10/01/2010	
#659 Room and Board				
Rate Type :				
X Total F Prospe Interim Total Inte	Prospective ctive Adjusted for N erim	lew Costs		
		ministrator	K	
	Rate Type: X Prospective X Total For Prospective Total Interiment Total Interiment Settlement W. Ry	Rate Type: X Prospective Y X Total Prospective Adjusted for N	Date: Fiscal Year End: Audit Status: Current Rate New Rate \$135.76 \$136.44 Rate Type: X Prospective Y Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs	



<u> Wiedicaid Reimburseme</u>					
	Community Health Centers - Winter Garden Fmly Hlth		Number:	029545111	
WG Family Health Center		Date: Fiscal Year End:		10/01/2010	
P.O. Box 2329			ear End: t Status:	N/A N/A	
Apopka, FL 32704		Audi	i Diaius.	18/74	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :	n			
Pudan	X Prospecti	•			
Budget Unaudited costs		Prospective			
Desk audited costs		spective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate	 Total Int	erim			
Average Nursing Home Rate	Settleme	nt based on costs			
				7/	
	W. R	ydell Samuel, Ad	ministrator	q ×	
		aid Cost Reimburser			
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
0					
For information Only (No Change in rate)					
For information Only (No Change in face)					



Medicaid Keimburseme	nt Per Diem Rates	ior Non-Institut	ionai Provide	ers
Community Health Centers - Leesburg		Provider 1		029545112
Leesburg Community		Date:		10/01/2010
P.O. Box 2329		Fiscal Year End: Audit Status:		N/A
Apopka, FL 32704		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010
Hospice Provider				,
#651 Routine Home Care				
#652 Continuous Home Care		5		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	d			
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	* .			
Medicare - Prospective X Payment System Rate	Interim Total Inte	anima		
Average Nursing Home Rate		nt based on costs		
	W. R	dell Samuel, Ad	ministrator	R/
Distribution:				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursem	<u>ent Per Diem Rates</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Community Health Centers - Apopka Fmly Hlth		Provider Number:		029545113
Apopka Family Health		Date:		10/01/2010
P.O. Box 2329				N/A
Apopka, FL 32704		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs	***************************************	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		/dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per	<u>r Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Community Health Centers, Inc Apopka Childrens Hlth		Provider Number: Date:		029545114 10/01/2010	
P.O. Box 2329		Fiscal Y		N/A	
Apopka, FL 32704		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
) 	· ———	
Basis:	Rate Type :				
BudgetX	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		nt based on costs			
<u>Distribution:</u> Fiscal Agent		dell Samuel, Ad			
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Community Health Centers, Inc Pine Hills		Provider 1	Number: Date:	029545115 10/01/2010
P.O. Box 2329		Fiscal Y		N/A
Apopka, FL 32704		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		
For information Only (No Change in rate)				



Community Health Centers - Zellwood		Provider l	029545117 10/01/2010	
P.O. Box 2329		Date: Fiscal Year End:		N/A
Apopka, FL 32704		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		1		
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
	•			
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
For information Only (No Change in rate)				



Community Health Centers - Lake Ellenor		Provider 1	Number:	029545119
D.O. D 2220		Fiscal Y	Date:	10/01/2010 N/A
P.O. Box 2329			t Status:	N/A N/A
Apopka, FL 32704				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
			,	
Basis:	Rate Type :	and the second s		
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	run it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen		
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health Centers, Inc Eatonville Med/Dent Center			Provider Number: 6819 Date: 10/0	
P.O. Box 4099		Fiscal Y		N/A
Apopka, Fl 32704		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.76	\$136.44	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	-	·		
#659 Room and Board				
. 24/2/10 - 15				
Basis:	Rate Type :			
Budget	X Prospectiv	<i>v</i> e		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			•
X Payment System Rate Average Nursing Home Rate	 W. R	nt based on costs	lministrator/	<u>r</u>
	Medica	aid Cost Reimburser	nent Analysis	•
Distribution: Fiscal Agent Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	ers
Thomas E. Langley Medical Center		Provider 1	Number: Date:	029547700 10/01/2010
1425 S. U.S. Hwy 301		Fiscal Y		N/A
Sumterville, FL 33585		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$124.69	\$125.31	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			,, <u>,,</u>
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		/dell Samuel, Ad		R/
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Family Medical Center at the Shores		Provider 1	Number: Date:	029547702
1425 S. U.S. Hwy 301		Fiscal Y		10/01/2010 N/A
Sumterville, FL 33585		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				1
Swing-Bed Provider				
X Federally Qualified Health Centers		\$124.69	\$125.31	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	• . •	•		
Medicare - Prospective X Payment System Rate	Interim Total Inte			
Average Nursing Home Rate		nt based on costs		
Distribution:	<u>-</u>	/dell Samuel, Ad		
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
i iogiani Development.				
For information Only (No Change in rate)				



Tampa Family Health Centers, Inc. #20 4422 E. Columbus Drive		Provider I Fiscal Y	Date:	001276200 10/01/2010 N/A
Tampa, FL 33604		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				·
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	at based on costs		
	<u></u> _	dell Samuel, Ad		
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	<u>ional Provide</u>	e <u>rs</u>
Tampa Community Health Center - Peter D		Provider l	Number: Date:	029548500 10/01/2010
PO Box 82969		Fiscal Y	ear End:	N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Taxal Law			
Average Nursing Home Rate	Total Inte	erim it based on costs		
		ydell Samuel, Ad aid Cost Reimburser	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen	it Per Diem Rates	for Non-Institut	<u>ional Provide</u>	e <u>rs</u>
Tampa Community Health Center - Salvation Army PO Box 82969		Provider Number: Date: Fiscal Year End:		029548502 10/01/2010 N/A
Tampa, FL 33682	,	Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		·		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		1.227
Distribution:		ydell Samuel, Ad aid Cost Reimburser	lministrator	
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
-				
For information Only (No Change in rate)				



<u>Medicaid Reimburser</u>	<u>ment Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	rs
Tampa Community Health Center - Sine Do	omus	Provider 1		029548503
DO D. 00000		Fiscal Y	Date:	10/01/2010
PO Box 82969			t Status:	N/A N/A
Tampa, FL 33682				14/11
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider	***			
#651 Routine Home Care				
#652 Continuous Home Care		* * * * * * * * * * * * * * * * * * * *		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
				
Basis:	Rate Type:			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
Distribution		/dell Samuel, Ad id Cost Reimbursen		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Tampa Community Health Center - Lee Davis	4	Provider 1	Number: Date:	029548504 10/01/2010
PO Box 82969		Fiscal Y		N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			7
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Pro	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
For information Only (No Change in rate)				



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	e <u>rs</u>
Tampa Community Health Center - 131st Ave		Provider Number: Date:		029548505 10/01/2010
PO Box 82969			ear End:	N/A
Tampa, FL 33682		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :		·	
Budget	X Prospectiv	ve .		
Unaudited costs	X Total I	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim at based on costs		
	 W. R	ydell Samuel, Ac	lministrator	F
	1,100101			
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
i togiam Development.				
For information Only (No Change in rate)				



Tampa Community Health Center - Rome Ave		Provider Number: 029548506 Date: 10/01/2010		
PO Box 82969		Fiscal Y		N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			•	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
	003			
Basis:	Rate Type:			
Budget	X Prospectiv	<i>r</i> e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		/dell Samuel, Ad		R
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
-				
For information Only (No Change in rate)				



Tampa Community Health Center - Waters Ave			<u>ional Provide</u>	<u>rs</u>
		Provider 1	Number: Date:	029548513 10/01/2010
PO Box 82969		Fiscal Y		N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			A	
Basis:	Rate Type :			
Budget	X Prospecti	ive		
Unaudited costs		Prospective		
Desk audited costs	Prosp	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate Average Nursing Home Rate		terim ent based on costs	lministrator	 F/
	Medic			



Tampa Community Health Center Mobil Dental Van PO Box 82969 Tamp, FL 33682		Provider I Fiscal Y Audi	Date:	029548516 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Interim Total Interim	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimbursen		



Tampa Family Health Center #11		Provider 1	Number: Date:	029548517 10/01/2010
PO Box 82969		Fiscal Y		N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.18	\$118.77	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	rim it based on costs		
	Settlemer	it based on costs		
		dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Provider N Fiscal Ye Audi rrent Rate \$118.18	Date:	683710700 10/01/2010 N/A N/A Effective Date
Audi	New Rate	N/A Effective Date
rrent Rate	New Rate	Effective Date
\$118.18	\$118.77	
\$118.18	\$118.77	
\$118.18	\$118.77	
		10/01/2010
i		
ective		
Adjusted for N	ew Costs	
ed on costs		
	ministrator	
e	Adjusted for N ed on costs Samuel, Ad	Adjusted for New Costs ed on costs



Central I	Florida Health Care, Inc Frostproo		Provider 1		029549300 10/01/2010
109 Wes	t Wall Street		Fiscal Y		N/A
Frostpro	of, FL 33843		Audi	t Status:	N/A
Provide	er Type:		Current Rate	New Rate	Effective Date
Ru	ral Health Clinic				
Sw	ing-Bed Provider				
X Fee	derally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Ho	spice Provider				
#	#651 Routine Home Care				
#	652 Continuous Home Care				
#	655 Inpatient Respite Care				
#	656 General Inpatient Care				
#	659 Room and Board				
••				4	
Ва	sis:	Rate Type:			
	Budget	X Prospectiv			
	Unaudited costs		Prospective ctive Adjusted for N	lovy Costs	
	Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	ew Cosis	
	Medicare - Prospective	Interim			
X	Payment System Rate Average Nursing Home Rate	Total Inte			
		Settlemen	nt based on costs		
			ydell Samuel, Ad aid Cost Reimbursen		
Distri	hution				
Fiscal	<u>bution:</u> Agent				
	ct Management				
	nent File m Development:				
_	-				
F	For information Only (No Change in rate)				



Medicaid Reimburseme	ıt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Central Florida Health Care - Wachula		Provider 1		029549301
		TT' .137	Date:	10/01/2010
204 E. Palmetto Street			ear End: it Status:	N/A
Wauchula, FL 33873		Audi	n Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				,
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 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 Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settleme	nt based on costs		
	W.D.	1.11.0		K
		dell Samuel, Ac		
	Medica	iid Cost Keimbursei	nem Anarysp	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Flogism Development.				
For information Only (No Change in rate)				



Medicaid Reimbursemen	nt Per Diem Rates	s for Non-Institut	ional Provide	rs	
Central Florida Health Call - Avon Park		Provider l	Number:	029549304	
			Date:	10/01/2010	
400 South Lake Avenue		Fiscal Y		N/A	
Avon Park, FL 33825		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	ve			
Unaudited costs	X Total F	Prospective			
Desk audited costs	Prospective Adjusted for New Costs				
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
Average Ivarsing Home Rate	Settlemen	nt based on costs		- · · · · · · · · · · · · · · · · · · ·	
	W. R	ydell Samuel, Ad	ministrator	R	
		aid Cost Reimburser			
Distributions					
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
-					
For information Only (No Change in rate)					



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Central Florida Health Care - Hwy 542		Provider 1		681471900
			Date:	10/01/2010
950 CR 17A West			ear End:	N/A
Avon Park, Fl 33825		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	, <u></u>			
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average routsing frome Rate	Settlemen	nt based on costs	,,,,,,	Z/
		dell Samuel, Ad		
	Medica	id Cost Reimburser	nent Analysis	-
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
r rogram Development.				
For information Only (No Change in rate)				



Central Florida Health Care - Carlton		Provider l		688633700
204 F4 Pal442 S44		Fiscal Y	Date: ear End:	10/01/2010 N/A
204 East Palmetto Street			t Status:	N/A
Wauchula, FL 33873				- "
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				·
#659 Room and Board				
		\		ł
Basis:	Rate Type :			
			•	
Budget	X Prospective			
Unaudited costs		rospective	T. C1-	
Desk audited costs	Prospe	ctive Adjusted for N	iew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Therm Total Inte	erim .		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		
For information Only (No Change in rate)				



Date: 10/01/2010 950 Co. Road 17A West Fiscal Year End: N/A Avon Park, FL 33825 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Budget Unaudited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Date: 10/01/2010 N/A Audit Status: N/A Pew Rate Fifective Date New Rate Fifective Date New Rate Fifective Date New Rate Fifective Date N/A Audit Status: N/A N/A Prospective Date New Rate Fifective Date New Rate Fifective Date New Rate Fifective Date New Rate State Type: X Prospective Y Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs	Date: 10/01/2 950 Co. Road 17A West Avon Park, FL 33825 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Date: 10/01/2 N/A Audit Status: N/A N/A Rural Health Clinic Stitlent Rate New Rate Effectiv N/A N/A N/A N/A N/A N/A Prospective Stid.98 N/A N/A N/A N/A N/A N/A N/A N/		3YN				<u>rs</u>
Avon Park, FL 33825 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Average Nursing Home Rate Current Rate New Rate Effective Dia N/A New Rate Effective Dia N/A New Rate Field average Nursing Home Rate New Rate Effective Dia N/A New Rate Field average New Rate Interim Settlement based on costs	Avon Park, FL 33825 Avon Park, FL 33825 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #655 Inpatient Respite Care #655 General Inpatient Care #659 Room and Board Rate Type: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Current Rate New Rate Effectiv N/A Rew Rate Effectiv X Prow Rate Current Rate New Rate Effectiv X Prow Rate Effectiv X Prospective X Prospective Interim Settlement based on costs	950 Co. Road 17A West				Date:	10/01/2010
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #655 Inpatient Respite Care #659 Room and Board Rate Type: X Prospective X Prospective X Total Prospective Adjusted for New Costs Interim Average Nursing Home Rate Settlement based on costs Provider Type: Current Rate New Rate Effective Data of the provider Effective Data of the	Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Sudget						
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers \$142.98 \$143.69 \$10/01 Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	Avon Park, FL 33825			Audi	t Status:	N/A
Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	Swing-Bed Provider X Federally Qualified Health Centers \$142.98 \$143.69 10/01 Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	Provider Type:			Current Rate	New Rate	Effective I
X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	Rural Health Clinic					
Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	Swing-Bed Provider					
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	X Federally Qualified Health Centers			\$142.98	\$143.69	10/01/20
#652 Continuous Home Care #655 Inpatient Respite Care #659 Room and Board Basis:	#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	Hospice Provider					
#655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	#655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	#651 Routine Home Care					
#656 General Inpatient Care #659 Room and Board Rate Type : X Prospective X Total Prospective Y Prospect	#656 General Inpatient Care #659 Room and Board Basis:	#652 Continuous Home Care				<u>-</u>	
#659 Room and Board Basis: Rate Type :	#659 Room and Board Basis: Rate Type :	#655 Inpatient Respite Care					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Rate Type: X Prospective X Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Prospective Prospective Adjusted for New Costs Interim X Payment System Rate Average Nursing Home Rate Rate Type: X Prospective Interim Total Interim Settlement based on costs	#656 General Inpatient Care					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Prospective X Prospective Prospective Interim Total Interim Settlement based on costs	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	#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Prospective X Prospective Prospective Interim Total Interim Settlement based on costs	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						
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Settlement based on costs X Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Total Prospective Prospective Interim Total Interim Settlement based on costs	Basis:	Rat	te Type :			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs	Budget	x	Prospecti	ve		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Interim Total Interim Settlement based on costs	Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Interim Total Interim Settlement based on costs		X		-		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Interim Total Interim Settlement based on costs	Medicare - Prospective X Payment System Rate Average Nursing Home Rate Interim Total Interim Settlement based on costs	Desk audited costs		Prospe	ective Adjusted for N	lew Costs	
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs						
Average Nursing Home Rate Settlement based on costs	Average Nursing Home Rate Settlement based on costs	4					
Medicaid Cost Reimbursement Analysis	W. Rydell Samuel, Administrator	Medicare - Prospective X Payment System Rate		Total Into Settleme	nt based on costs ydell Samuel, Ac	lministrator	



Medicaid Reimburser	ment Per Diem Rates	s for Non-Institut	ional Provide	<u>ers</u>
Central Florida Health Care - Lakeland		Provider 1	Number: Date:	691835202 10/01/2010
950 Co. Road 17A West		Fiscal Y		N/A
Avon Park, FL 33825		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				,
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			*****
Budget	X Prospectiv	ve		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	To Anadas			
Medicare - Prospective X Payment System Rate	Interim Total Inte	arim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser	ministrator	<u>R</u>
For information Only (No Change in rate)	•			



Medicaid Reimburse	ment Per Diem Rates	s for Non-Institut	ional Provide	<u>ers</u>	
Premier Community HC Group - Pasco		Provider 1		029550700	
AGOAC CHUTDCH AME		Fiscal V	Date: ear End:	10/01/2010 N/A	
37946 CHURCH AVE			t Status:	N/A N/A	
Dade City, FL 33525					
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$139.68	\$140.38	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospective	ve			
Unaudited costs	X Total Prospective				
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate		nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File		ydell Samuel, Ad aid Cost Reimburser	lministrator		
Program Development:					
For information Only (No Change in rate))				



			<u>rs</u>
lls	Provider 1	Number: Date:	029550701 10/01/2010
			N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
5	\$139.68	\$140.38	10/01/2010
X Total I Prospe	Prospective ctive Adjusted for N erim	ew Costs	7/
	Rate Type: X Prospective X Total F Prospe Interim Total Interim Settlemen W. Ry	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Date: Fiscal Year End: Audit Status: Current Rate New Rate



Premier Community HC Group - Summit		Provider 1	029550702 10/01/2010	
37946 CHURCH AVE		Fiscal Y		N/A
Dade City, FL 33525		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.68	\$140.38	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			1.6-1
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	Settlemer	t based on costs		
		dell Samuel, Ad		
Distribution:				
Fiscal Agent				
Contract Management Permanent File				-
Program Development:				
-				
For information Only (No Change in rate)				



		es for Non-Institut		
Premier Community Healthcare Group - New Port Richey		Provider 1	029550703 10/01/2010	
DO D 222		Date: Fiscal Year End:		N/A
PO Box 232			t Status:	N/A
Dade City, FL 33526				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	s	\$139.68	\$140.38	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		3		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 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 In Settlem	tive Prospective pective Adjusted for N		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		icaid Cost Reimburser		1 —



Medicaid Reimburs	<u>ement Per Diem Rates</u>	<u>for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Premier Community Healthcare - Dade City		Provider Number: Date:		029550704 10/01/2010
PO Box 232 Dade City, FL 33526		Fiscal Y Audi	ear End: t Status:	N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	S	\$139.68	\$140.38	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		1		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	ProspeInterimTotal Inte	Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		



Central Florida Migrant & Community Health Center, Inc		Provider 1	Date:	029551500 10/01/2010
2400 State Road 415		Fiscal Y		N/A
Sanford, FL 32771		Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		1		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$106.67	\$107.20	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			Ser VIII	
Basis:	Rate Type:			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Inte	···im		
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad		K
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
i rogiam Development.				
For information Only (No Change in rate)				



Central Florida Family Health - Alafaya		Provider Number: 029551502 Date: 10/01/2010			
18501 Washington Ave.			Year End: N/A		
Bithlo, Fl 32820		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider	<u>.</u>	}			
X Federally Qualified Health Centers		\$106.67	\$107.20	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :	·			
Budget	X Prospectiv	/e			
Unaudited costs		rospective	_		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settleme	nt based on costs			
		ydell Samuel, Ad aid Cost Reimburser		K	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Central Florida Family Health - Underhill Road	Ter Diem Rates	Provider 1		029551504
Central Florida Faining Health - Oliderinin Road		11071001	Date:	10/01/2010
2400 County Rd 415-A		Fiscal Y	ear End:	N/A
Sanford, FL 32771		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Rate	Tion Italia	Bilective Butte
Swing-Bed Provider				40/04/0940
X Federally Qualified Health Centers		\$106.67	\$107.20	10/01/2010
Hospice Provider				
#651 Routine Home Care			···	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:		No. 4.99.	
Budget	X Prospective			
Unaudited costs		rospective	Canta	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
	WP	dell Samuel, Ad	ministrator	F /
		id Cost Reimburser		!
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Central Florida Family Health Center - Lake Ellenor		Provider Number: 029551506 Date: 10/01/2010		
2400 County Rd 415-A		Fiscal Ye		N/A
Sanford, FL 32771		Audi	t Status:	N/A
		:		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		\$: :	·	
X Federally Qualified Health Centers		\$106.67	\$107.20	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				-
#656 General Inpatient Care		:		
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total I	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs		
	W. R	/dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Level Divide Describe Health Contact Inc. Hoff			<u>ional Provide</u>	13	
entral Florida Family Health Center, inc Holli	entral Florida Family Health Center, Inc Hoffner		Provider Number: 6 Date: 1		
449 South Semoran Blvd.		Fiscal Y		N/A	
Orange, FL 32822		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$106.67	\$107.20	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care	<u></u>				
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	Prospectiv	/e			
Unaudited costs		rospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs	Turkenine				
Medicare - Prospective X Payment System Rate	— Interim Total Inte	arim			
Average Nursing Home Rate		nt based on costs			
		ydell Samuel, Ac		R/	
			• •		
Distribution:					
Fiscal Agent					
Contract Management Permanent File					



Family Health Center of Columbia County, I	nc.	Provider 1	Number: Date:	029552300 10/01/2010
P.O. Box 249		Fiscal Y		N/A
Lake City, FL 32056		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$95.24	\$95.72	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	:
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs		
Distribution:	 W. Ry	/dell Samuel, Ad aid Cost Reimburser		
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	ers		
Helen B. Bentley Family Health Center, Inc.		Provider Number:		029553100		
		Fiscal Y	Date:	10/01/2010		
3090 SW 37th Ave			t Status:	N/A N/A		
Miami, FL 33133		Addi	it Status.	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic	···					
Swing-Bed Provider						
X Federally Qualified Health Centers		\$142.31	\$143.02	10/01/2010		
Hospice Provider			···			
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#659 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	Total Inte	erim				
Average Nursing Home Rate	Settlemen	Settlement based on costs				
		ydell Samuel, Ac	lministrator	R		
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	ers
Helen B. Bentley - Ponce DeLeon		Provider l		029553101
		Fiscal Y	Date:	10/01/2010
3090 SW 37th Ave			t Status:	N/A N/A
Miami, FL 33133		Auu	Cotatus.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.31	\$143.02	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nuising Home Rate	Settlemen	nt based on costs		
	<u>W. R</u>	ydell Samuel, Ad	ministrator	
	Medica	aid Cost Reimburser	nent Analysis	4
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimburs</u>	sement Per Diem Rate	s for Non-Institut	ional Provide	ers
Helen B. Bentley - F.S Tucker		Provider 1		029553102
				10/01/2010
3090 SW 37th Ave				N/A N/A
Miami, FL 33133		Audit Status:		IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$142.31	\$143.02	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	·			
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :]		
Budget	X Prospecti	ive		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
	Settleme	ent based on costs		
	W. R	ydell Samuel, Ad	ministrator	K
		aid Cost Reimburser		1
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in ra	te)			
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<u> Wiedicald Reiniburs</u>	ment Per Diem Rates f	or mon-institut	MAI TIVVIUE	<u>rs</u>
Helen B. Bentley - Coral Gables		Provider 1	Date:	029553103 10/01/2010
3090 SW 37th Ave		Fiscal Year End:		N/A
Miami, FL 33133		Audit Status: N		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center		\$142.31	\$143.02	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inter	ospective ive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		lell Samuel, Ad I Cost Reimbursen		



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	ers	
Helen B. Bentley - Coconut Grove		Provider Number:		029553104	
		Date: Fiscal Year End:		10/01/2010	
3090 SW 37th Ave			t Status:	N/A N/A	
Miami, FL 33133		7 KuG	ni Diarus.	14/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$142.31	\$143.02	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
				Back state of	
Basis:	Rate Type:				
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs	•				
Medicare - Prospective X Payment System Rate	Interim Total Inte				
Average Nursing Home Rate		ent based on costs			
Distribution: Fiscal Agent		dell Samuel, Adid Cost Reimburser	ministrator		
Contract Management Permanent File					
Program Development:					
0					
For information Only (No Change in rate)					



Medicaid Reimbursemer	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>ers</u>
Helen B. Bentley - G.W. Carver Elem		Provider Number: Date:		
3090 SW 37th Ave		Fiscal Y		N/A N/A
Miami, FL 33133	Miami, FL 33133		Audit Status:	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				:
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.32	\$143.02	10/01/2010
Hospice Provider		i		!
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		!		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
For information Only (No Change in rate)				



Helen B. Bentley - G.W. Carver Middle		Provider 1	Number: Date:	029553106 10/01/2010
3090 SW 37th Ave		Fiscal Y		N/A
Miami, FL 33133		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.31	\$143.02	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				1
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			· .
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Inte	rim it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	the state of the s	/dell Samuel, Ad id Cost Reimbursen		R
For information Only (No Change in rate)				



	ement Per Diem Rates	•••			
Borinquen Health Care Center, Inc.		Provider 1	029554000		
		Fiscal Y	Date:	10/01/2010 N/A	
3601 Federal Highway 3rd Floor			t Status:	N/A N/A	
Miami, FL 33137					
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Center	<u>s</u>	\$120.76	\$121.36	10/01/2010	
Hospice Provider				:	
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board			İ		
Basis:	Rate Type :	 !			
Budget	X Prospecti	ve			
Unaudited costs		1 Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Int				
Average Nursing Home Rate	Settleme	nt based on costs			
	W. R	ydell Samuel, Ac	lministrator	A C	
		aid Cost Reimburser		4	
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
Trogram Dovotopino					
Far information Only (No Change in set	a)				
For information Only (No Change in rate	e)				



Borinquin Health Care - NW 38th Street		Provider 1	029554001 10/01/2010		
3601 Federal Highway 3rd Floor		Fiscal Y	N/A		
Miami, FL 33137		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$120.76	\$121.36	10/01/2010	
Hospice Provider				-	
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		1 2 3			
Basis:	Rate Type:		. • •		
Budget	X Prospectiv	ve			
Unaudited costs		rospective			
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte				
Average Nursing Home Rate	Settlemen	nt based on costs			
		ydell Samuel, Ad aid Cost Reimburser		K	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)					
ror information only (No change in rate)					



<u>Medicaid Reimbursem</u>	ent Per Diem Rates			<u>rs</u>	
Borinquen Health Care - Federal Hwy		Provider 1		029554002	
		m' 1.57	Date:	10/01/2010	
3601 Federal Highway 3rd Floor		Fiscal Year End: Audit Status:		N/A	
Miami, FL 33137		Audi	i Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			- ·		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$120.76	\$121.36	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:				
Budget	X Prospecti	ve			
Unaudited costs	X Total l	Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs	•				
Medicare - Prospective X Payment System Rate	Interim Total Int	erim			
Average Nursing Home Rate		nt based on costs			
		·			
	W. R	ydell Samuel, Ac aid Cost Reimburser	ministrator		
	Medic	aid Cost Kelmburser	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



029554003 10/01/2010 N/A N/A		
N/A		
Iffective Date		
10/01/2010		
nterim		
<u> </u>		
N4 -		



Suncoast Community HCC - Ruskin		Provider N	029557400 10/01/2010	
P.O. Box 1349		Fiscal Ye	Date: ear End: t Status:	N/A N/A
Ruskin, FL 33570		Audi	i Status.	N/A
Provider Type:	C	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$138.39	\$139.08	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	ate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interin Settlement b	ve Adjusted for N	ministrator	R.
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	<u>nt Per Diem Rate</u>	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Suncoast Community HCC - Plant City		Provider 1	029557402	
508 N. Maryland Avenue P.O. Box 2096		Fiscal Y	Date: ear End:	10/01/2010 N/A
Plant City, Fl 33566		Audi	t Status:	N/A
Provider Type:	•	Current Rate	New Rate	Effective Date
Rural Health Clinic			11011 12350	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$138.39	\$139.08	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ive		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Int	tauina		
Average Nursing Home Rate	Settleme			



Suncoast Community HCC - Mobley Street		Provider 1	Number: Date:	029557403 10/01/2010
P.O. Box 1349 Ruskin, FL 33575		Fiscal Ye Audi	N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$138.39	\$139.08	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:	-		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N erim at based on costs	ministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		id Cost Reimbursen		



Suncoast Community Health Center - Dover Health Center 14618 State Road 574 Dover, FL 33527		Provider Number: Date: Fiscal Year End:		029523001 10/01/2010	
				N/A	
		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$138.39	\$139.08	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
		1			
Basis:	Rate Type:		.,,		
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte	Interim nent based on costs			
Average Pursing Home Rate	Settleme	it based on costs		- /	
		ydell Samuel, Ad nid Cost Reimburser		K	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)					
rot information only (No change in fate)					



Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:		V	TOT TOTE RESERVED	ment i ei Dieni Rates	Medicaid Reimburs	
P.O. Box 499 Parrish, FL 34219 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective A Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis	02/001200		Provider N		natee County Rural Health Services	Mana
Parrish, FL 34219 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #656 General Inpatient Care #659 Room and Board Basis: Rate Type :			ነግ፥ 1 ፕፖ			
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:					D. Box 499	P.O.
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	:: N/A	i Status:	Audi		rrish, FL 34219	Parri
Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	Rate Effective Date	New Rate	Current Rate		rovider Type:	Pro
X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :					Rural Health Clinic	
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis: Rate Type:					Swing-Bed Provider	
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	8.30 10/01/2010	\$118.30	\$117.71		Federally Qualified Health Center	X
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :					Hospice Provider	
#655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:					#651 Routine Home Care	
#656 General Inpatient Care #659 Room and Board Rate Type:					#652 Continuous Home Care	
#659 Room and Board Basis:					#655 Inpatient Respite Care	
Budget					#656 General Inpatient Care	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis					#659 Room and Board	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis						
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis				Rate Type :	Basis:	
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis			ve	X Prospecti	Budget	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis			_		Unaudited costs	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis	S	ew Costs	ective Adjusted for N	Prospe		_
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis				T		
Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi			arim			
Medicaid Cost Reimbursement Analysi						_
<u>Distribution:</u> Fiscal Agent					Distribution: Fiscal Agent	
Contract Management					Contract Management	Co
Permanent File					Permanent File	Pe
Program Development:					Program Development:	Pr



Manatee County Rural Health Services- Bayshore		Provider N	Number: Date:	
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34221		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				,
#656 General Inpatient Care				
#659 Room and Board				
Basis: Rate	Type:			
Budget X F	Prospective)		
Unaudited costs X	=	rospective		
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective Int	erim			
	Total Inter	rim		
Average Nursing Home Rate	Settlement	based on costs		_ /
<u>Distribution:</u> Fiscal Agent Contract Management		dell Samuel, Ad d Cost Reimburser		
Permanent File Program Development:				
1 20 Brain 20 10 top moning				
For information Only (No Change in rate)				



Manatee County Rural Health Svcs Hwy 3	301	Provider 1	Number: Date:	029561202 10/01/2010
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Interim Total Interior	Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		
For information Only (No Change in rate)				



Manatee County Rural Health Ser Lawton Ch	niles	Provider 1	Number: Date:	029561203 10/01/2010
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Permanent File Program Development:				
For information Only (No Change in rate)				



Manatee County Rural Health Ser - Southeast F	HCC	Provider 1	Number: Date:	029561204 10/01/2010
P.O. Box 499 Parrish, FL 34203		Fiscal Yo Audi		N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		<u> </u>		40.00
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settleme: W. R	Prospective ctive Adjusted for N erim nt based on costs	lministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		aid Cost Reimburser		



P.O. Box 499 Parrish, FL 34208 Date: Fiscal Year End: Audit Status:	029561205 10/01/2010 N/A N/A Effective Date
P.O. Box 499 Parrish, FL 34208 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Total Interim Audit Status: Prove Rate Rew Rate Rew Rate New Rate	N/A N/A
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	N/A
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	Effective Date
Swing-Bed Provider X Federally Qualified Health Centers \$117.71 \$118.30 Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	
X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	
Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis: Rate Type:	10/01/2010
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	
#655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	
#656 General Inpatient Care #659 Room and Board Basis: Rate Type :	
#659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Medicare - Prospective Medicare - Prospective X Payment System Rate Total Interim Total Interim	
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective X Payment System Rate Total Interim	
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	
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	
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate X Total Prospective Prospective Adjusted for New Costs Interim Total Interim	
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Prospective Adjusted for New Costs Interim Total Interim	
Field audited costs Medicare - Prospective Interim X Payment System Rate Total Interim	
Medicare - Prospective Interim X Payment System Rate Total Interim	
X Payment System Rate Total Interim	
	
W. Rydell Samuel, Administrator	 Z/
Medicaid Cost Reimbursement Analysis Distribution:	_
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rate)	



Manatee County Rural Health Ser - Myakka FH	CCC	Provider 1	Number: Date:	029561206 10/01/2010
P.O. Box 499		Fiscal Y		N/A
Parrish, Fl 34251		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			 · · · · · · · · · · · · · · · · · ·	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		:		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective	_	
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ac		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Manatee County Rural Health Ser - Infectious I	Disease	Provider 1	Number: Date:	029561207 10/01/2010
P.O. Box 499		Fiscal Y		N/A
Parrish, Fl 34203		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			·	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective	. a .	
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	t based on costs		
		dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimbursement</u>	Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Manatee County Rural Health Ser North CHC	Medical	Provider 1	Date:	029561210 10/01/2010
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N		- 7 /
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ydell Samuel, Ac	lministrator	



Manatee Co. Rural Health Ser - Health Park (DB/GYN	Provider 1	Number: Date:	
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider		:		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
Distribution		ydell Samuel, Ad nid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Parrish, FL 34221 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Current Rate New Rate 10/01/201 S118.30 10/01/201 10/01/201 S118.30 10/01/201 Interim Settlement based on costs W. Rydell Samuel, Administrator	P.O. Box 499 Parrish, FL 34221 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Basis: Rate Type: Unaudited costs Desk audited costs Medicare - Prospective Medica	Parrish, FL 34221 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers		Audi	ear End: t Status:	N/A
Parrish, FL 34221 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Average Nursing Home Rate Current Rate New Rate Effective Da Rate Type: Still Rate Type: Audit Status: N/A Rate Type: Still Rate Type: Audit Status: N/A Rate Type: Still Rate Type: Total Prospective Interim Settlement based on costs W. Rydell Samuel, Administrator	Parrish, FL 34221 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #659 Room and Board Basis: Rate Type:	Parrish, FL 34221 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers		Audi	t Status:	N/A
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers		Current Rate	New Rate	Effective Da
Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	Swing-Bed Provider X Federally Qualified Health Centers				
X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	X Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :	X Federally Qualified Health Centers				
Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	<u> </u>				
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	Hospice Provider		\$117.71	\$118.30	10/01/201
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis:	#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type :					
#655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	#655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Rate Type:	#651 Routine Home Care				
#656 General Inpatient Care #659 Room and Board Rate Type :	#656 General Inpatient Care #659 Room and Board Rate Type :	#652 Continuous Home Care				
#659 Room and Board Basis:	#659 Room and Board Basis:	#655 Inpatient Respite Care				
Budget	Budget	#656 General Inpatient Care				
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator	Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator	#659 Room and Board				<u></u>
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator	Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator	Basis:	Rate Type:			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator	Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator	Budget	X Prospectiv	ve .		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs W. Rydell Samuel, Administrator	Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs W. Rydell Samuel, Administrator	Unaudited costs		-		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs W. Rydell Samuel, Administrator	Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs W. Rydell Samuel, Administrator	Desk audited costs	Ртоsре	ctive Adjusted for N	lew Costs	
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator	X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator					
Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator	Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator					
W. Rydell Samuel, Administrator	W. Rydell Samuel, Administrator					
	Medicaid Cost Reimbursement Analysis "	Medicare - Prospective X Payment System Rate	Total Inte	nt based on costs ydell Samuel, Ac		
						
<u>Distribution:</u>						
Fiscal Agent	Fiscal Agent					
	Fiscal Agent Contract Management	Program Development:				



Manatee County Rural Health Services - Westg	gate	Provider 1	Number: Date:	029561218 10/01/2010
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			·
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		<u></u>
		dell Samuel, Ac		F
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburse	<u>ment Per Diem Rates</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Manatee County Rural Health Services - Community Care HC P.O. Box 499		Provider Number: Date:		029561220 10/01/2010
		Fiscal Y		N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Int	ve Prospective ective Adjusted for N	Jew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		
For information Only (No Change in rate))			



Medicaid Reimburse	ment Per Diem Rates	<u>for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Manatee County Rural Health Services - Lakewood P.O. Box 499 Decide Fig. 24210		Provider Number: Date: Fiscal Year End:		029561222 10/01/2010 N/A
		=	t Status:	N/A
Parrish, FL 34219		· · · · · · · · · · · · · · · · · · ·		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	}	\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Int Settleme W. R	ve Prospective ective Adjusted for N	lministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Manatee Rural County Health Services - Riverview		Provider Number: Date:		029561224 10/01/2010
P.O. Box 499		Fiscal Year End: N/A		
Parrish, FL 34219		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Manatee Rural Health Center - Bradenton Chiropractic		Provider Number: 029561226 Date: 10/01/2010		
P.O. Box 499 Parrish, FL 34219		Fiscal Year End: N/A Audit Status: N/A		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care			· · · -	
#652 Continuous Home Care				,
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			100.000	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N crim at based on costs		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad		



	ement Per Diem Kat			
Manatee Rural Health Center - Whole Child Pediatrics		Provider Number: Date: Fiscal Year End:		029561228
				10/01/2010 N/A
P.O. Box 499			t Status:	N/A N/A
Parrish, FL 34219		7 Iuu	t Diatab.	14/1
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	'S	\$117.71	\$118.30	10/01/2010
Hospice Provider			<u>,</u>	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	- 4			
Basis:	Rate Type	:		
Budget	X Prospec	ctive		
Unaudited costs		l Prospective		
Desk audited costs	Pros	pective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate		Interim ement based on costs		
				R
	W. Med	Rydell Samuel, Actional Cost Reimburser	ment Analysis	}
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rat	e)			
				



Manatee Rural Health Center - General Surger		Provider 1		
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	<i>i</i> e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburs	<u>ement Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Manatee County Rual Health Services River Landings OB/GYN PO Box 499 Parrish, FL 34219		Provider l Fiscal Y Audi	Date:	029561233 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	s	\$117.71	\$118.30	10/01/2010
Hospice Provider				
#651 Routine Home Care			·	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	ProspeInterimTotal Int	Prospective active Adjusted for N	Jew Costs	R /
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		



Medicaid Reimburse	ement Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	e <u>rs</u>	
Manatee Rural County Health Ser - Arcadia FHC				680996100	
		Date: Fiscal Year End:		10/01/2010	
P.O. Box 499			t Status:	N/A N/A	
Parrish, FL 34219		Audi	it Status.	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic	-				
Swing-Bed Provider					
X Federally Qualified Health Centers	3	\$117.71	\$118.30	10/01/2010	
Hospice Provider				-	
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
		<u> </u>			
Basis:	Rate Type:			•	
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim	Took and the			
X Payment System Rate Average Nursing Home Rate	Total Int				
		nt based on costs		TK	
		ydell Samuel, Ac aid Cost Reimburser		1	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate	e)				



Community HC - JR Clarke		Provider Number: Date:		029565500 10/01/2010
1310 22nd Avenue South		Fiscal Year End: N/A		
St. Petersburg, FL 33705		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$106.47	\$107.00	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			<u> </u>	
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settleme	nt based on costs		
	W. R. Medica	ydell Samuel, Ac	lministrator nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburse	ement Per Diem Rat	es for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community HC - Mother & Child Care of Clearwater 1020 Lakeview Rd Clearwater, FL 33756		Fiscal Y	Provider Number: Date: Fiscal Year End: Audit Status:	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	5	\$106.47	\$107.00	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		i		
#655 Inpatient Respite Care				
#656 General Inpatient Care			<u></u>	
#659 Room and Board				
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Pros Interim Total I	ctive I Prospective pective Adjusted for N	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	-	Rydell Samuel, Adicaid Cost Reimburser	lministrator	



Medicaid Reimburse	ement Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Community HC at Pinellas Pk - Womens & Childrens HC				029565503 10/01/2010	
6237 66th St North		Fiscal Y		N/A	
Pinellas Park, FL 33781		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	3	\$106.47	\$107.00	10/01/2010	
Hospice Provider					
#651 Routine Home Care		1			
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
		•			
Basis:	Rate Type :				
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs	Interim				
Medicare - Prospective X Payment System Rate	Total Internal	terim			
Average Nursing Home Rate		ent based on costs			
		ydell Samuel, Ac	lministrator	R	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate	e)				



Community Health Center - Largo		Provider Number: Date:		029565512
12420 - 130th Ave Largo, FL 33774		Fiscal Year End: Audit Status:		10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	s	\$106.47	\$107.00	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 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		K
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only (No Change in rate	e)			



Community Health Center - Tarpon Springs		Provider 1	Number: Date:	029565514 10/01/2010
301 S. Disston Avenue		Fiscal Y		N/A
Tarpon Springs, FL 34689		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$106.47	\$107.00	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	<i>r</i> e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs	***	
Distribution:		ydell Samuel, Ad aid Cost Reimburser		
Fiscal Agent Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rate	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
North Fl. Medical Ctr., Inc Wewahitchka Medical Ctr	Provider 1	Number: Date:	029568000 10/01/2010
255 W. River Road	Fiscal Y		N/A
Wewahitchka, FL 32465	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$102.38	\$102.89	10/01/2010
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: Rate Type :			
Budget X Prospecti			
	Prospective ective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Interim			
X Payment System Rate Total Interpretation Average Nursing Home Rate Settleme			
Average Nursing Home Rate Settleme	ent based on costs		
	ydell Samuel, Ad aid Cost Reimburser		K
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimburs	sement Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
North Fl. Medical Ctr. Inc Wakulla Med	dical Ctr	Provider 1	Number:	029568001
Wakulla Medical Center			Date:	10/01/2010
255 W. River Road		Fiscal Y		N/A
Wewahitchka, FL 32465		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$102.38	\$102.89	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
			a	
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs	X Total 1	Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Int	anim		
Average Nursing Home Rate	· —	nt based on costs		
		ydell Samuel, Ac aid Cost Reimburser	lministrator	R/
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate	te)			



<u>Medicaid Reimbursen</u>	<u>ient Per Diem Rates</u>	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
North Fl. Medical Ctr., Inc Tri County FHCC Tri County Family Health Care 255 W. River Road Wewahitchka, FL 32465		Provider Number: Date: Fiscal Year End: Audit Status:		029568005 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$102.38	\$102.89	10/01/2010
Hospice Provider				
#651 Routine Home Care)
#652 Continuous Home Care			·	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe	ve Prospective ective Adjusted for N	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ydell Samuel, Ac aid Cost Reimburse	lministrator	



Medicaid Reimbursen	<u>ient Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	e <u>rs</u>
North Fl. Medical Ctrs., Inc Mayo		Provider l	Number:	029568009
Mavo Health Services			Date:	10/01/2010
255 W. River Road			ear End:	N/A
Wewahitchka, FL 32465		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			\$1785 No. 1	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$102.38	\$102.89	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				,
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Inte	erim nt based on costs		
		ydell Samuel, Ad	lministrator	 R
	Medica	aid Cost Reimburser	ment Analysis	7
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Flogram Development.				
For information Only (No Change in rate)				



tice	Provider I Fiscal Y Audi Current Rate	Date:	029568012 10/01/2010 N/A N/A
	Audi	ear End: t Status:	N/A N/A
	1		N/A
	Current Rate	New Rate	Effective Date
	Current Rate	New Rate	Effective Date
			ļ. · · · · · · · · · · · · · · · · · · ·
•	\$102.38	\$102.89	10/01/2010
	:		
	; ; ;		
		•	
	'		
Rate Type :			
Prospecti	ve		
Prospe	ective Adjusted for N	lew Costs	
Interim Total Int	erim nt based on costs		
			
Medic	aid Cost Reimburser	nent Analysis	•
	Prospecti X Total I Prospection Interim Total Interim Settleme W. R	Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim



<u>Medicaid Reimbur</u>	sement Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
North Fl. Medical Ctrs., Inc Gadsden M	Medical Center	Provider 1	Number:	029568013
Gadsden Medical Center			Date:	10/01/2010
255 W. River Road		Fiscal Y		N/A
Wewahitchka, FL 32465		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cente	rs	\$102.38	\$102.89	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ive		
Unaudited costs		Prospective		
Desk audited costs	Prosp	ective Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total In	terim		
Average Nursing Home Rate	Settleme	ent based on costs		
	W. R	Lydell Samuel, Ac		K
	Medic	caid Cost Reimburser	ment Analysis	d
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in ra	ate)			



North Fl. Medical Center, Inc Gadsden Dental Center		Provider 1	Provider Number:		
255 W. River Road Wowehitables EL 32465		Fiscal Y	Date: ear End:	10/01/2010 N/A	
			t Status:	N/A	
Wewahitchka, FL 32465					
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	S	\$102.38	\$102.89	10/01/2010	
Hospice Provider			· · · · · · · · · · · · · · · · · · ·		
#651 Routine Home Care		ļ			
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board				100	
Basis:	Rate Type	e :			
Budget	X Prospe	ective			
Unaudited costs	X Tot	al Prospective			
Desk audited costs	Pro	spective Adjusted for N	lew Costs		
Field audited costs	T. A. ataa				
Medicare - Prospective X Payment System Rate	Interim	Interim			
Average Nursing Home Rate		ment based on costs			



<u>Medicaid Kelmburs</u>	ement Per Diem Rates	TOT TAUL-THERITAL	ional Frovide	<u>rs</u>
North Florida Medical Centers, Inc.		Provider Number:		000801300
Baker Family Medical Center			Date:	10/01/2010
1321 Georgia Avenue		Fiscal Y		N/A N/A
Baker, FL 32531		Audit Status: N/A		1 V /A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$102.38	\$102.89	10/01/2010
Hospice Provider			· 	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				-
#656 General Inpatient Care				
#659 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	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ac aid Cost Reimburser		R/
Distribution:				
Fiscal Agent				
Contract Management				
Contract Management Permanent File				



Medicaid Reimbursement Per Die	m Rates for Non-Institu	<u>tional Provide</u>	<u>rs</u>
North FL. Medical Center - Eastpoint Medical Center Eastpoint Medical Center 255 W. River Road Eastpoint Medical Center Wewahitchka, FL 32465	Fiscal Y	Provider Number: Date: Fiscal Year End: Audit Status:	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			,,,,
Swing-Bed Provider			
X Federally Qualified Health Centers	\$102.38	\$102.89	10/01/2010
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: Rate	Type:		
Unaudited costs Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for the serim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, A Medicaid Cost Reimburse	dministrator	
For information Only (No Change in rate)			



North Florida Med Ctr - Crestview Med Center	Provider I		693564800	
	Tr' 1 3 7	Date:	10/01/2010	
535 John Knox Rd	Fiscal Ye	ear End: t Status:	N/A N/A	
Tallahassee, FL 32303	Audi	i Status.	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$102.38	\$102.89	10/01/2010	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis: Rate T	ype:	200		
Budget X Pro	ospective			
	Total Prospective		•	
	Prospective Adjusted for N	lew Costs		
Field audited costs				
Medicare - Prospective Interi	im			
	otal Interim			
Average Nursing Home Rate Se	ettlement based on costs			
		,,,,,,	R/	
	W. Rydell Samuel, Ad	lministrator		
	Medicaid Cost Reimburser		4	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Rural Health Clinic	Provider for Fiscal You Audi	Date:	684783800 10/01/2010 N/A
Tallahassee, FL 32317 Provider Type: Cu Rural Health Clinic	Audi		
Rural Health Clinic	urrent Rate		N/A
		New Rate	Effective Date
C · P · P			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$102.38	\$102.89	10/01/2010
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: Rate Type:			
Budget X Prospective			
Unaudited costs X Total Prosp	_	_	
Desk audited costs Prospective Prospective	e Adjusted for N	ew Costs	
Medicare - Prospective Interim			
X Payment System Rate Total Interim	n		
Average Nursing Home Rate Settlement ba	ased on costs		
	ell Samuel, Ad Cost Reimbursen	ministrator	R
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File Program Development:			



Provider Markette Provider Mar	Date:	692957500 10/01/2010 N/A N/A Effective Date
Audi	ear End: t Status: New Rate	N/A N/A Effective Date
Audi	t Status: New Rate	N/A Effective Date
urrent Rate	New Rate	Effective Date
\$102.38	\$102.89	10/01/2010
\$102.38	\$102.89	10/01/2010
\$102.38	\$102.89	10/01/2010
pective		
e Adjusted for N	ew Costs	
ised on costs	ministrator	 K
Cost Reimbursen	nent Analysis	-
]		ased on costs



Medicaid Reimbursement Per Diem Ra	tes for Non-Institut	ional Provide	ers		
Family Health Centers of SW Florida - Downtown Ft Myers	Provider ?	Number: Date:	029570100 10/01/2010		
P.O. Box 1588		ear End:	N/A		
Ft. Myers, FL 33902	Audi	it Status:	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic		•			
Swing-Bed Provider					
X Federally Qualified Health Centers	\$104.59	\$105.11	10/01/2010		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care	: : :				
#659 Room and Board	1 1				
Basis: Rate Type					
Budget X Prospe	ctive				
	Prospective				
	spective Adjusted for N	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Interim X Payment System Rate Total	Interim				
	ment based on costs				
Distribution: Fiscal Agent Contract Management	Rydell Samuel, Acdicaid Cost Reimburser				
Permanent File Program Development:					
1 togram Development.					
For information Only (No Change in rate)					



Family Health Centers of SW Florida - Labelle		Provider 1	Number: Date:	029570101 10/01/2010	
P.O. Box 1588		Fiscal Year End:		N/A	
Ft. Myers, FL 33902		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010	
		5104.39	\$103.11	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board	to mile of the day of	N. B. V. M.			
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		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	A - 1-1-1 - 1-1-1		
		dell Samuel, Ad			
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
-					
For information Only (No Change in rate)	÷				



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Family Health Centers of SW Florida - Bonita Springs		Provider 1	-	029570102
		Date: Fiscal Year End:		10/01/2010
P.O. Box 1588			ear End: t Status:	N/A
Ft. Myers, FL 33902		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	#659 Room and Board			
			·	
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	T 4 1			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		it based on costs		
		dell Samuel, Ad		R/
	Medica	ia Cost Kennouisen	жін ғанатуыр	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Permanent File Program Development:				
For information Only (No Change in rate)				
ror information only (140 change in rate)				



Medicaid Reimburseine		Provider 1		029570103	
Family Health Centers of SW Florida - East Ft Myers		Tiovider	Date:	10/01/2010	
P.O. Box 1588		Fiscal Y	ear End:	N/A	
Ft. Myers, FL 33902		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:				
Budget	X Prospecti	/e			
Unaudited costs		rospective	_		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs Medicare - Prospective	Interim				
X Payment System Rate	Total Int				
Average Nursing Home Rate	Settleme	nt based on costs			
	W D	ydell Samuel, Ad	Iministrator	R/	
	Medic	aid Cost Reimburser	nent Analysis		
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Family Health Centers of SW Florida - Leigh Acres		Provider 1	029570105 10/01/2010	
P.O. Box 1588	•	Fiscal Y	N/A	
Ft. Myers, FL 33902	-	Audi	t Status:	N/A
		Current Rate	New Rate	Effective Date
Provider Type:		Current Rate	INCW INAIC	Effective Date
Rural Health Clinic	<u> </u>			
Swing-Bed Provider				
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Family Health Centers of SW Florida - North Ft Myers		Provider Number: Date:		029570106 10/01/2010	
P.O. Box 1588		Fiscal Y		N/A	
Ft. Myers, FL 33902		Audit Status: N/A			
Provider Type:	Provider Type:		New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care	***				
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:				
Budget	X Prospectiv	re			
Unaudited costs	X Total P	Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
	Settlemei	nt based on costs		 /	
		ydell Samuel, Ad aid Cost Reimburser			
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbursen	nent Per Diem Rate	<u>s for Non-Institut</u>	<u>tional Provide</u>	ers
Family Health Centers of S.W. Florida - Paul Lawrence P.O. Box 1588 Ft. Myers, FL 33902 Provider Type:		Provider i	029570107 10/01/2010	
			ear End: it Status:	N/A N/A
		Current Rate	New Rate	Effective Date
Rural Health Clinic		ļ		
Swing-Bed Provider				
X Federally Qualified Health Centers	N-1	\$104.59	\$105.11	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		•		<u> </u>
#659 Room and Board				
Basis:	Rate Type :]		
Budget	X Prospecti	ive		
Unaudited costs		Prospective		
Desk audited costs Field audited costs	Prospe	ective Adjusted for N	new Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total In			
Average Nursing Home Rate	Settleme	ent based on costs	. 	
		Lydell Samuel, Ac	lministrator	R.
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Permanent HIIE				



Family Health Centers of S.W. Florida - South Ft Myers			
Talling House Controls of B. W. Horston Bould I Pringers		Date:	10/01/2010
			N/A
	Audit Status:		N/A
	Current Rate	New Rate	Effective Date
	\$104.59	\$105.11	10/01/2010
#659 Room and Board			
Rate Type	:		
X Prospec	ctive		
X Tota	l Prospective		
Pros	pective Adjusted for N	lew Costs	
	ntarim		
W. Med	Rydell Samuel, Adlicaid Cost Reimburser	lministrator	R/
	Rate Type X Prospec X Tota Pros Interim Total I Settler W.	Rate Type: X Prospective X Total Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Rate Type: X Prospective Prospective Adjusted for New Costs Interim Total Interim Piscal Year End: Audit Status: New Rate Stock Prow Rate New Rate New Rate New Rate New Rate



<u>Medicaid Reimbursen</u>	<u>ient Per Diem Rates</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	ers
Family Health Centers. of S.W. Florida - Cape Coral		Provider 1	029570110	
		TP11-37	Date:	10/01/2010
P.O. Box 1588		Fiscal Y	ear End: t Status:	N/A N/A
Ft. Myers, FL 33902		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	#659 Room and Board			
Basis:	Rate Type:		,	
Dudget	X Prospecti			
Budget Unaudited costs		Prospective		
Desk audited costs		pective Adjusted for New Costs		
Field audited costs		•		
Medicare - Prospective	Interim			
X Payment System Rate	Total Int			
Average Nursing Home Rate	Settlement based on costs			
		ydell Samuel, Ac		K
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
Danier v. A.				
For information Only (No Change in rate)				
101 months only (110 change in the)				



<u>Medicaid Reimburseme</u>	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	e <u>rs</u>	
Family Health Centers of S.W. Florida - Broadway Dental		Provider Number: Date:		029570111 10/01/2010	
P.O. Box 1588		Fiscal Y		N/A	
Ft. Myers, FL 33902		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
<i>Dasis</i> .	Trace Type !				
Budget	X Prospective				
Unaudited costs		Prospective	Ious Coata		
Desk audited costs Field audited costs	Prospe	ective Adjusted for New Costs			
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settlemen	nt based on costs			
		ydell Samuel, Ad aid Cost Reimburser	ministrator		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Family Health Centers of SW Florida Inc - Port Charlotte		Provider Number: Date:			
P.O. Box 1588		Fiscal Y		N/A	
Ft. Myers, FL 33902		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider				:	
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:		- A-MA 1.7		
Budget	X Prospectiv	re e			
Unaudited costs		rospective	lovy Conta		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs		
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte	rim at based on costs			
	Settlemen	it based off costs		·	
		/dell Samuel, Ad		R	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbursen	<u>nent Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>ers</u>
Family Health Centers of SW Florida - Pine Island		Provider Number: Date:		029570115 10/01/2010
P.O. Box 1588		Fiscal Y		N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:	and the second s	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		1		
#656 General Inpatient Care				
#659 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 X Payment System Rate	Interim Total Inte	•		
Average Nursing Home Rate		erun at based on costs		
		vdell Samuel, Ad id Cost Reimburser	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimburse</u>	ment Per Diem Rates	ior Non-Institut	ionai Provide	<u>ers</u>
Family Health Centers of SW Florida		Provider l		029570118
South Fort Myers Medical Center		T' 137	Date:	10/01/2010
PO Box 1588		Fiscal Y	ear End: t Status:	N/A N/A
Fort Myers, FL 33902		Audi	i Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010
Hospice Provider		5 c c c c c c c c c c c c c c c c c c c		
#651 Routine Home Care				
#652 Continuous Home Care		5 : : : : : : : : : : : : : : : : : : :		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Dasis:	Rate Type.			
Budget	X Prospectiv			
Unaudited costs Desk audited costs		rospective ctive Adjusted for N	law Costs	
Field audited costs	Tiospe	ctive Adjusted for iv	iew Cosis	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Huising Holik Nate	Settlemer	nt based on costs		
		ydell Samuel, Ad		
	Medica	nd Cost Reimbursen	nent Anatysis	-
<u>Distribution:</u>				
Fiscal Agent				
Contract Management Permanent File				
r crinancii: r nc				



Medicaid Reimburs	sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of SW Florida - Bonita Springs		Provider Number: Date:		029570120 10/01/2010
P.O. Box 1588		Fiscal Year End: N/A		N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				The second secon
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$104.59	\$105.11	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	.			
Medicare - Prospective X Payment System Rate	Interim Total Inte	n uin a		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad aid Cost Reimburser	lministrator	
For information Only (No Change in rai	te)			



<u>Wiedicald Reimbursemen</u>	it Fei Diem Kates			<u>rrs</u>	
Family Hlth Ctr of SW Florida - Broadway Ave		Provider Number:		029570122	
		Eigen W	Date:	10/01/2010	
P.O. Box 1588		Fiscal Ye	ear End: t Status:	N/A N/A	
Ft. Myers, FL 33902		Audi	i Status.	IVA.	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$104.59	\$105.11	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care			•		
#659 Room and Board					
					
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		otal Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs		
Field audited costs	T				
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim			
Average Nursing Home Rate		it based on costs			
Distribution:		dell Samuel, Ad id Cost Reimbursen			
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Community Health of South Florida		Provider 1	Provider Number: 029572800 Date: 10/01/2010		
10300 S.W. 216th Street		Fiscal Y		N/A	
Miami, FL 33190		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
		1		<u> </u>	
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs		
Field audited costs	Interim				
Medicare - Prospective X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate		nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File		/dell Samuel, Ad id Cost Reimbursen		R	
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimburseme	ent Per Diem Rates	i for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health Center of South Florida - MLK		Provider Number:		029572801
		Figori V	Date:	10/01/2010
810 West Mowry Street		Fiscal Y	ear Eng: t Status:	N/A N/A
Homestead, FL 33030		Audi	i Diaius.	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim it based on costs		
	Settlemen	n bused on costs		Z/
		ydell Samuel, Ad aid Cost Reimburser		
	Medica	ila Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
	•			
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South - Dental Svc		Provider 1		029572802
			Date:	10/01/2010
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				To the second se
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		:		
#659 Room and Board	·			
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nutsing Holic Rate	Settlemer	t based on costs		
		dell Samuel, Ad		
·	Medica	id Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburse	<u>ment Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - MLK Dental		Provider Number: Date:		029572803 10/01/2010
810 West Mowry Street		Fiscal Y		N/A
Homestead, FL 33030		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective	_	
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settleme	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad aid Cost Reimbursen	ministrator	<u>R</u>
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	e <u>rs</u>
Community Health of South Florida - W. Perri	ne Health Ctr	Provider 1	Number: Date:	029572804 10/01/2010
17623 Homestead Avenue		Fiscal Y		N/A
			t Status:	N/A
Perrine, FL 33157				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	•			
Medicare - Prospective X Payment System Rate	Interim Total Inte	i		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad iid Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
r togram Development.				
For information Only (No Change in rate)			•	



Medicaid Reimbursement Per	Diem Rates	for Non-Institut	<u>ional Provide</u>	ers
Community Health of South Florida - Naranja Health Center				029572805 10/01/2010
13890 S.W. 264 Street		Fiscal Y		N/A
Homestead, FL 33030		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			.=.	
#656 General Inpatient Care				
#659 Room and Board		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. · - · · · · · · · · · · · · · · ·	
Basis:	ate Type :			
Budget X	Prospectiv	_' e		
	X Total P	rospective		
Desk audited costs	Prospe	pective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	_ Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemer	nt based on costs	<u></u>	
	W. Ry	dell Samuel, Ad	- L	R
	Medica	iid Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursen	nent Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - W. Perrine Dental				029572806 10/01/2010
17623 Homestead Avenue		Fiscal Y		N/A
Homestead, FL 33157		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			- · · · · · · · · · · · · · · · · · · ·	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :]		
Budget	X Prospecti	ve		
Unaudited costs	X Total	Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
	W. R	nt based on costs ydell Samuel, Ad	lministrator	R
	Medic	aid Cost Reimburser	nent Analysis	-
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburser	<u>ment Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>ers</u>
Community Health of South Florida - Everglades Health Center 19200 S.W. 380th Street Florida City, FL 33030		Provider I	Date: ear End:	029572809 10/01/2010 N/A
		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			. .	
		- 100		
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	nt based on costs		
		rdell Samuel, Ac	lministrator	R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 logiam Development.				
For information Only (No Change in rate)				



Medicaid Reimbur	rsement Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - S.	Dade Health Center	Provider Number: Date:		029572810 10/01/2010
13600 S.W. 312th Street		Fiscal Y	ear End:	N/A
Homestead, FL 33090		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cente	ers	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				,
#655 Inpatient Respite Care				•
#656 General Inpatient Care				
#659 Room and Board			. Laster	
Basis:	Rate Type:			•
Budget	X Prospecti	ve		
Unaudited costs	X Total	Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Int			
Average Nursing Home Rate	Settleme	ent based on costs		<u> </u>
		ydell Samuel, Ac		R
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in ra	ate)			



Medicaid Reimbursen	<u>nent Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - Naranja HC Dental		Provider Number: Date:		029572811 10/01/2010
10300 SW 216 Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				,
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad	lministrator/	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Date: 10 10300 SW 216 Street	29572813
Miami, FL 33190 Provider Type: Rural Health Clinic Swing-Bed Provider	0/01/2010
Provider Type: Rural Health Clinic Swing-Bed Provider	N/A
Rural Health Clinic Swing-Bed Provider	N/A
Swing-Bed Provider	ffective Date
V Federally Qualified Health Centers \$1.42.00 \$1.42.60	
X Federally Qualified Health Centers \$142.98 \$143.69	10/01/2010
Hospice Provider	
#651 Routine Home Care	
#652 Continuous Home Care	
#655 Inpatient Respite Care	
#656 General Inpatient Care	
#659 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	
Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator	<u> </u>
Medicaid Cost Reimbursement Analysis	
Distribution: Fiscal Agent Contract Management Permanent File	
Program Development: For information Only (No Change in rate)	



	Medicaid Reimburs	ement Per Diem Rate	s for Non-Institut	ional Provide	ers
Communi	Community Health of South Florida - Laura Saunders Elem		Provider Number:		029572815
			T)' 137	Date:	10/01/2010
10300 SW	7 216 Street		Fiscal Y		N/A
Miami, F	L 33190		Audi	t Status:	N/A
Provider	Туре:		Current Rate	New Rate	Effective Date
Rur	al Health Clinic				
Swii	ng-Bed Provider	v ··			
X Fede	erally Qualified Health Center	<u>'S</u>	\$142.98	\$143.69	10/01/2010
Hos	pice Provider		_		
#6	551 Routine Home Care				
#6	652 Continuous Home Care				
#6	655 Inpatient Respite Care				
#6	656 General Inpatient Care				
#6	659 Room and Board	. A 900			
			Maria de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania del compania del compania del la compania del compani		-AU D. 17 977
Bas	is:	Rate Type :			
	Budget	X Prospecti	ive		
	Unaudited costs	X Total	Prospective		
	Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
	Field audited costs				
	Medicare - Prospective	Interim			
<u>X</u>	Payment System Rate Average Nursing Home Rate	Total In			
	Average runsing from Rate	Settleme	ent based on costs		
		W. R	ydell Samuel, Ad	ministrator	
		Medic	aid Cost Reimburser	nent Analysis	
TO: 4 'I	4*				
<u>Distrib</u>					
Permane					
	Development:				
Fiscal A Contract Permane Program	gent : Management ent File	د)			



Medicaid Reimburseme	nt Per Diem Rates	s for Non-Institut	ional Provide	ers
Community Health of South Florida - Homesto	ead Senior High	Provider Number:		029572817
10300 SW 216 St			Date:	10/01/2010
		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			•	
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	•
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settleme	nt based on costs		
	W. R:	ydell Samuel, Ad	iministrator	K
		aid Cost Reimburser		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Community Health of South Florida - Cope Sou	ıth	Provider l	Number: Date:	029572819 10/01/2010
10300 SW 216 St		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs		re rospective ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	erim at based on costs		
		dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - 307 St		Provider Number: Date:		029572821 10/01/2010
15790 SW 307 Street		Fiscal Y	ear End:	N/A
Homestead, FL 33035		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	<i>r</i> e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	orien		
Average Nursing Home Rate		nt based on costs		
		/dell Samuel, Ad	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate))			



Medicaid Reimbu	rsement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - M	arathon Health Center	Provider l		029572824
		E: 137	Date:	10/01/2010
10300 S.W. 216th Street		Fiscal Y	ear End: t Status:	N/A
Miami, FL 33190		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	ers	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		4		
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	ř		
X Payment System Rate Average Nursing Home Rate	Total Inte	erim it based on costs		
	-71			
		ydell Samuel, Ac aid Cost Reimburser		}
			<i>-</i>	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in r	ate)			



Medicaid Reimburse	ement Per Diem Rates	s for Non-Institut	ional Provide	<u>ers</u>
Community Health of South Florida - Moton Elementary Sch		Provider Number: Date:		029572826 10/01/2010
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	3	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	.			
Medicare - Prospective X Payment System Rate	Interim Total Int	orim		
Average Nursing Home Rate		nt based on costs		
	W. R	ydell Samuel, Ad	lministrator	R.
	Medic	aid Cost Reimburser	nent Analysis	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate	`			



	ement Per Diem Rates			
Community Health Center of S. Dade - Ca	mpbell Drive Middle	Provider l		029572827
		Fiscal Y	Date:	10/01/2010 N/A
10300 S.W. 216th Street			t Status:	N/A
Miami, FL 33190		7 x4431		14/71
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				-
Swing-Bed Provider				
X Federally Qualified Health Centers	S	\$142.98	\$143.69	10/01/2010
Hospice Provider		1	<u> </u>	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
	- A - A -			
Basis:	Rate Type :			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospec	pective Adjusted for New Costs		
Field audited costs	Interim			•
Medicare - Prospective X Payment System Rate	Total Inte	nterim		
Average Nursing Home Rate		it based on costs		
		ydell Samuel, Ad id Cost Reimburser		K
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



Medicaid Reimburs	<u>ement Per Diem Rate</u>	s for Non-Institut	ional Provide	<u>ers</u>	
Community Health of South Florida - Colonial Drive Elem		Provider Number: Date:		029572828 10/01/2010	
10300 S.W. 216th Street		, Fiscal Y	ear End:	N/A	
Miami, FL 33190		Aud	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	s	\$142.98	\$143.69	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care			****		
#659 Room and Board					
Basis:	Rate Type :]			
Budget	X Prospecti	ive			
Unaudited costs		Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Int	ent based on costs			
		ydell Samuel, Ac		R/	
	Medic	aid Cost Reimburser	nent Analysis	4	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate	e)				



<u>Medicaid Reimbur</u>	sement Per Diem Rate	s for Non-Institut	ional Provide	ers	
Community Health of South Florida - H.A Ammons Middle		Provider Number: Date:		029572829 10/01/2010	
10300 S.W. 216th Street			ear End:	N/A	
Miami, FL 33190	Miami, FL 33190		it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Cente	ers	\$142.98	\$143.69	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board	,				
	-,				
Basis:	Rate Type:				
Budget	X Prospecti	ive			
Unaudited costs	X Total	Prospective			
Desk audited costs	Prosp	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total In				
Average Nursing Home Rate	W. R	ent based on costs Lydell Samuel, Accard Cost Reimburser	lministrator	<u> </u>	
	Medic	zaid Cosi Keimbursei	nent Anatysıs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in ra	ate)				



Medicaid Reimburs	ement Per Diem Kat	es for Non-Institut	<u>ionai Provide</u>	ers
Community Health of South Florida - Jane Roberts Elem 10300 S.W. 216th Street		Provider ?	029572830	
				10/01/2010
			ear End: t Status:	N/A
Miami, FL 33190		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	S	\$142.98	\$143.69	10/01/2010
Hospice Provider		J		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				•
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Pros	tive I Prospective pective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W.]	Rydell Samuel, Acicaid Cost Reimburser	ministrator	



Medicaid Reimburse	ment Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Community Health of South Florida - John A. Ferguson Senior		Provider ?	Provider Number: 0295 Date: 10/01	
10300 S.W. 216th Street			ear End:	N/A
Miami, FL 33190		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				s
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
			over the second	
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	New Costs	
Field audited costs	•			
Medicare - Prospective Y Payment System Rate	Interim	arim		
Average Nursing Home Rate				
X Payment System Rate Average Nursing Home Rate	 W. R	erim nt based on costs ydell Samuel, Ac aid Cost Reimburse	lministrator	
	Mode) - T -	
Distribution:				
Fiscal Agent				
-				
Contract Management Permanent File				

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Medicaid Reimburse	<u>ment Per Diem Rate</u>	<u>es for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - South Dade Senior		Provider Number: Date:		029572832 10/01/2010
10300 S.W. 216th Street		Fiscal Year End:		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				:
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospect	ive		
Unaudited costs		Prospective		
Desk audited costs	Prosp	ective Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total In	terim		
Average Nursing Home Rate		ent based on costs		
		Lydell Samuel, Accard Cost Reimburser	lministrator	R
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate))			



Medicaid Reimbursemen	<u>nt Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - W.A. Chapman Elem				029572833 10/01/2010
10300 S.W. 216th Street		Fiscal Y	ear End:	N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		-		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	ve e		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate		nt based on costs vdell Samuel, Ad	ministrator	<u> </u>
	Medica	id Cost Reimburser	nent Analys is	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Permanent File Program Development:				
i Togram Developnient.				
For information Only (No Change in rate)				



Medicaid Reimburs	sement Per Diem Rate	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - West Homestead Elem 10300 S.W. 216th Street		Provider Number: Date:		029572834 10/01/2010
		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	ve Prospective ective Adjusted for N	Jew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser	lministrator	



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - West Miami Middle		Provider Number: Date:		029572835 10/01/2010
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 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		
	<u>-</u>	dell Samuel, Ad		<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)				



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health of South Florida - Bowman Foster Ashe		Date: 10/01		029572836 10/01/2010
10300 S.W. 216th Street		Fiscal Y	ear Eng: t Status:	N/A
Miami, FL 33190		Auui	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:	1,44		
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Into	erim nt based on costs		
	Settlemen	it based off costs	,,,,,,	R/
		ydell Samuel, Ad aid Cost Reimburser	ministrator	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimbursen</u>	<u>nent Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	rs
Community Health of South Florida - Braddock Senior				029572837 10/01/2010
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	•			
Medicare - Prospective X Payment System Rate	Interim Total Inte	27.		
Average Nursing Home Rate		nt based on costs		
Distribution:		ydell Samuel, Ad rid Cost Reimburser	ministrator	
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimb</u>	oursement Per Diem Rates	s for Non-Institut	ional Provide	e <u>rs</u>
Community Health of South Florida - Flagami Elem.				029572852 10/01/2010
10300 SW 216th Street			ear End:	N/A
Miami, FL 33190		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			•	
X Federally Qualified Health Cer	iters	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	:			
#659 Room and Board				
Basis:	Rate Type :	The same of the sa		
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 Average Nursing Home Rate	Total Inte			
Average Nuising Home Nac	Settlemen	nt based on costs		
	W. Ry	ydell Samuel, Ad	- 1	R
		aid Cost Reimburser		/ _
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in	ı rate)			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Avocado Elem.		Provider Number: 029572853 Date: 10/01/2010			
10300 SW 216th Street		Fiscal Year End: N/A			
Miami, FL 33190		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
		,			
Basis:	Rate Type:				
Budget	X Prospectiv	ve			
Unaudited costs		rospective			
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	ew Costs		
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte			ļ	
Average Nuising from Rate	Settlemen	nt based on costs			
		ydell Samuel, Ad aid Cost Reimburser		R/	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					

Report Calculated: 9/27/2010 7:39:10AM Report Printed: 9/27/2010



Community Health of S. Florida - Airbase Elem		Provider Number: 029572854 Date: 10/01/2010		
10300 SW 216 Street		Fiscal Year End: N/A		
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				j
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad id Cost Reimburser		
For information Only (No Change in rate)				



Medicald Reimbursen		Provider 1		029572855	
Community Health of S. Florida - FL City E	Community Health of S. Florida - L. City Elem		Date:	10/01/2010	
10300 SW 216th Street		Fiscal Year End:		N/A	
Miami, FL 33190		Audi	t Status:	N/A	
Provider Type:	- .	Current Rate	New Rate	Effective Date	
Rural Health Clinic		Current Rate	TACAY ICACC	Effective Date	
Swing-Bed Provider				40/04/0040	
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
				···	
Basis:	Rate Type:				
Budget	X Prospect	tive			
Unaudited costs	X Total	otal Prospective			
Desk audited costs	Prosp	ective Adjusted for N	lew Costs		
Field audited costs	Tokamina				
Medicare - Prospective X Payment System Rate	Interim Total In	ıterim			
Average Nursing Home Rate		ent based on costs			
				マノ	
	<u>W. F</u>	Rydell Samuel, Ad	lministrator		
	Medi	caid Cost Reimburser	nent Analysis	•	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Flogram Development.					



Community Health of S. Florida - Homestead Middle		Provider Number: Date:		029572856 10/01/2010		
10300 SW 216th Street		Fiscal Y	Fiscal Year End: N/A			
Miami, FL 33190		Audit Status: N/A				
Provider Type:	w = 1/2 -	Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider		; ;				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#659 Room and Board						
Basis:	Rate Type :					
Budget	X Prospectiv	ve				
Unaudited costs		al Prospective				
Desk audited costs Field audited costs	Prospe	spective Adjusted for New Costs				
Medicare - Prospective	Interim					
X Payment System Rate	Total Inte	erim				
Average Nursing Home Rate	Settlemen	nt based on costs				
		/dell Samuel, Ad aid Cost Reimburser				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:						
For information Only (No Change in rate)					



		tes for Non-Institutional Providers Provider Number: 029572		
Community Health of S. Florida - McMillan Middle 10300 SW 216th Street Miami, FL 33190		Provider I Fiscal Y	Date:	029572857 10/01/2010 N/A
		Audi	t Status:	N/A
				T-00 (1 T-)
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	5	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X To Pr Interim Tota	pective otal Prospective ospective Adjusted for N		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		7. Rydell Samuel, Adedicaid Cost Reimburser	ministrator	



Medicaid Reimbursement Per Diem I	Rates for Non-Institut	ional Provide	e <u>rs</u>		
Community Health of S. Florida - Perrine Elem	Provider 1	Number: Date:	029572858 10/01/2010		
10300 SW 216th Street	Fiscal Y		N/A		
Miami, FL 33190	Audi	t Status:	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	\$142.98	\$143.69	10/01/2010		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis: Rate Typ	oe:				
Budget X Prosp	pective				
Unaudited costs X To	otal Prospective	-			
	ospective Adjusted for N	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Interim X Payment System Rate Tota					
A common Number 11 and Parts	l Interim dement based on costs				
<u></u>	7. Rydell Samuel, Ad edicaid Cost Reimburser	ministrator			
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Community Health of S Florida - Redondo Elem		Provider Number: 029572859 Date: 10/01/2010			
10300 SW 216th Street		Fiscal Year End: N/A			
Miami, FL 33190		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim			1	
X Payment System Rate	Total Inte	terim			
Average Nursing Home Rate	Settlemen	ent based on costs			
		dell Samuel, Ad			
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
i iogiam Development.					
For information Only (No Change in rate)					



	Provider Number: 029572868			
Community Health of S. Florida - Royal Green	i Elem	Provider I	Number: Date:	029572868 10/01/2010
10300 SW 216th Street		Fiscal Y		N/A
			t Status:	N/A
Miami, FL 33190		1		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
		1		·
Basis:	Rate Type :			
10000				
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	erim .		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad		R/
	Medica	nu Cost Reimoursen	nent Anatysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimbursen</u>	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	ers
Community Health of S Florida - South Wood Middle		Provider 1	Number: Date:	029572870
		Fiscal Year End:		10/01/2010 N/A
10300 SW 216th Street			t Status:	N/A
Miami, FL 33190				- ·· ·
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			*******	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				}
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Ртоѕре	ctive Adjusted for N	ew Costs	
Field audited costs	*			
Medicare - Prospective X Payment System Rate	Interim Total Inte	erim		
Average Nursing Home Rate	1	it based on costs		
		dell Samuel, Ad		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburs	sement Per Die	m Rates	for Non-Institut	<u>ional Provide</u>	e <u>rs</u>	
FL Community Health Ctrs- Okeechobee			Provider 1	029574400		
4450 G 41 M'M D '			Date: 10/01/2010 Fiscal Year End: N/A			
4450 South Tiffany Drive				t Status:	N/A	
West Palm Beach,, FL 33407					177.2	
Provider Type:			Current Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Center	rs		\$117.35	\$117.94	10/01/2010	
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#659 Room and Board						
Basis:	Rate	Type:				
Budget	X F	Prospective	e			
Unaudited costs	X	Total P	rospective			
Desk audited costs		Prospec	tive Adjusted for N	lew Costs		
Field audited costs						
Medicare - Prospective	·	erim				
X Payment System Rate Average Nursing Home Rate		Total Inte				
		-	t based on costs dell Samuel, Ac	- 1	R	
		Medica	id Cost Reimburse	nent Analysis	1 -	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:						
For information Only (No Change in ra	te)					



<u>Medicaid Reimburser</u>	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
FL Community Health Ctrs - Infectious Disease Center				029574401	
		Fignal V	Date: 10/01/20 Fiscal Year End: N/A		
4450 South Tiffany Drive			t Status:	N/A N/A	
West Palm Beach,, FL 33407		Audi	it Status.	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$117.35	\$117.94	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte				
Average Nuising Holie Rate	Settlemen	nt based on costs			
		ydell Samuel, Ad aid Cost Reimburser			
Di-Authoritan					
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
FL Community Health Centers - Clewiston		Provider 1	029574402	
4450 G . 1 TCC . D		Fiscal Y	Date:	10/01/2010 N/A
4450 South Tiffany Drive			t Status:	N/A
West Palm Beach,, FL 33407				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.35	\$117.94	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	,			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	Prospective ctive Adjusted for N	lministrator	F
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	e <u>rs</u>
Florida Community Health Centers - Indiantown 4450 South Tiffany Drive West Palm Beach,, FL 33407		Provider Number: Date: Fiscal Year End: Audit Status:		029574403 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		- Current Ruce	11077 14800	Ziiotti o zute
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.35	\$117.94	10/01/2010
Hospice Provider			4	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			-	
#659 Room and Board				
Basis: Budget Unaudited costs		Prospective		
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	ctive Adjusted for N erim nt based on costs	new Costs	
<u>Distribution:</u> Fiscal Agent		ydell Samuel, Ac aid Cost Reimburser	lministrator	
Contract Management Permanent File Program Development:				
For information Only (No Change in rate))			



Medicaid Reimbursemen	<u>it Per Diem Rate:</u>	s for Non-Institut	ional Provide	ers		
Florida Community Health Centers - Ft Pierce		Provider Number: 02957440 Date: 10/01/201				
4450 South Tiffany Drive		,	ear End:	N/A		
West Palm Beach,, FL 33407		Audit Status: N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		\$117.35	\$117.94	10/01/2010		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care				,		
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#659 Room and Board						
Dosin	Rate Type :					
Basis:	Kate Type:					
Budget	X Prospecti					
Unaudited costs		Prospective	T C			
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	for New Costs			
Medicare - Prospective	Interim					
X Payment System Rate	Total Int	terim				
Average Nursing Home Rate		ent based on costs				
		ydell Samuel, Ac aid Cost Reimburser	Iministrator			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:						
For information Only (No Change in rate)						



Medicaid Reimbursement Per	Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Florida Community Health Centers - Lakeshore Medical				029574406 10/01/2010	
4450 South Tiffany Drive		Fiscal Y	ear End:	N/A	
West Palm Beach,, FL 33407		Audit Status:		N/A	
Provider Type:	-	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$117.35	\$117.94	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care			·-		
#656 General Inpatient Care					
#659 Room and Board					
Basis: R	ate Type :				
BudgetX Unaudited costs	Prospectiv X Total P	re rospective			
Desk audited costs	Prospe	ective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	terim			
Average Nursing Home Rate	Settlemen	ent based on costs			
		vdell Samuel, Ad id Cost Reimburser	ministrator	R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Florida Community Health Center - 103 NE 19th Dr		Provider Number: Date:			
4450 S. Tiffany Drive		Fiscal Y		N/A	
West Palm Beach, FL 33407		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$117.35	\$117.94	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
	· · · · · · · · · · · · · · · · · · ·	I			
Basis:	Rate Type :				
Budget	X Prospectiv	/e			
Unaudited costs		rospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs			
	W. Ry	ydell Samuel, Ad			
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)					



FL Community Health Ctrs- North Palm Beach		Provider 1	Number:	 029574416
•			Date:	10/01/2010
4450 S. Tiffany Drive		Fiscal Y		N/A
West Palm Beach, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.35	\$117.94	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate		nt based on costs		
	W. R	ydell Samuel, Ad aid Cost Reimburser	ministrator	
	Medic	aid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



FL Community Health Centers - Pahokee		Provider 1	Number: Date:	— 029574418 10/01/2010
4450 S. Tiffany Drive		Fiscal Y		N/A
West Palm Beach, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Center	rs	\$117.35	\$117.94	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			-	
#659 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		rospective ctive Adjusted for N	Iew Costs	
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ry	/dell Samuel, Ac		
For information Only (No Change in ra	te)			



Provider N Fiscal Y Audi rent Rate \$117.35	Date:	684660200 10/01/2010 N/A N/A Effective Date
Audi	t Status: New Rate	N/A
rent Rate	New Rate	
		Effective Date
\$117.35	\$117.94	
\$117.35	\$117.94	
\$117.35	\$117.94	
		10/01/2010
_		
ctive		
Adjusted for N	lew Costs	
d on sosts		
	ministrator	
	d on costs Samuel, Ad	djusted for New Costs



Medicaid Reimbursei	ment Per Diem Rates		-	<u>rs</u>	
Florida Community Health Centers - Hillmoor Dr.		Provider 1		684660202	
		D' 137	Date:	10/01/2010	
1701 S.E. Hillmoor Dr. Suite 19		Fiscal Y	ear End: t Status:	N/A	
Port St. Lucie, FL 34952		Audi	t Status.	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			•		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$117.35	\$117.94	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care				•	
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs		ctive Adjusted for N	lew Costs		
Field audited costs					
Medicare - Prospective	Interim				
Average Nursing Home Rate	Total Int				
Average Nuising Home Rate	Settleme	nt based on costs			
	W.B.	1 11 C 1 A 1		R/	
		ydell Samuel, Ad aid Cost Reimburser		 	
	Medic	aid Cost Remiodisei	ilelit Allalysip		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)	1				



Bond Community Health Center		Provider 1	Number: Date:	
1720 S. Gadsden St.		Fiscal Y		N/A
Tallahassee, FL 32314		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$110.18	\$110.73	10/01/2010
Hospice Provider				·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			· · · · · · · · · · · · · · · · · · ·	
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Tukanina			
Medicare - Prospective X Payment System Rate	Interim Total Inte	rim		
Average Nursing Home Rate		it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		K
For information Only (No Change in rate)				



Medicaid Reimbursemo	<u>ent Per Diem Rates</u>	for Non-Institut	ional Provide	<u>ers</u>
Bond Community Health Assoc West Orang	ge	Provider 1	Date:	060551402 10/01/2010
1720 S. Gadsden St.			ear End:	N/A
Tallahassee, Fl 32310		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$110.18	\$110.73	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
-				
Basis:	Rate Type :			1
Budget	X Prospectiv	<i>r</i> e	-	
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	erim at based on costs		
		ydell Samuel, Ac	lministrator	
	Medica	na Cost Kennoursei	nem Amarys i s	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Bond Community Health Center		Provider l	Number: Date:	060551404 10/01/2010
1720 S. Gadsden St.		Fiscal Ye		N/A
Tallahassee, FL 32310		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$110.18	\$110.73	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
		1		
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	nt based on costs		
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	nd Cost Reimburser	neni Anaiysis	
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in mate)				
For information Only (No Change in rate)				



Medicaid Reimburs	ement Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	e <u>rs</u>	
Jacksonville Community Health Ctr - Vernon Road		Provider Number: Date:		680000900 10/01/2010	
5375 Vernon Road		Fiscal Year End:		N/A	
Jacksonville, FL 32209		Aud	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Center	'S	\$114.02	\$114.59	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :	,			
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs	•				
Medicare - Prospective X Payment System Rate	Interim Total Int				
Average Nursing Home Rate		erun nt based on costs			
		ydell Samuel, Ac	lministrator	R/	
			, .		
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
1 Togram Development.					
For information Only (No Change in rat	re)				



		<u>ional Provide</u>	<u>:1 </u>
Jacksonville Community Health Ctr - W 45th St		Provider Number: Date:	
	Fiscal Y		N/A
	Audit Status:		N/A
	Current Rate	New Rate	Effective Date
	\$114.02	\$114.59	10/01/2010
Rate Type:			
X Prospectiv	re		
	-		
Prospe	ctive Adjusted for N	lew Costs	
	•		
	X Prospectiv X Total P Prospec	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N	Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Camillus Health Concern, Inc.		Provider 1	Number: Date:	680002500 10/01/2010
336 N.W. Fifth Street		Fiscal Year End:		N/A
Miami, FL 33128		Audit Status: N		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
		ydell Samuel, Ad nid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Salvation Army-Camillus Health Concern		Provider 1	Number: Date:	680002505 10/01/2010
336 NW 5th Street		Fiscal Y		N/A
Miami, FL 33128		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	S	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	×			
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	ProspeInterimTotal Inte	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medica	ydell Samuel, Ad aid Cost Reimburser		
For information Only (No Change in rate	;)			



	Fiscal Y Audi		10/01/2010 N/A N/A
	Current Rate	New Rate	Effective Date
	3		
	\$142.98	\$143.69	10/01/2010
Rate Type :			~ ~ ~
X Total F Prospe Interim Total Inte	Prospective ctive Adjusted for N erim	lew Costs	
	X Prospectiv X Total F Prospe Interim Total Integrated Settlement W. Ry	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Notal Interim Total Interim Settlement based on costs W. Rydell Samuel, Act	Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Medicaid Reimbursement Per Diem Rat	es for Non-Institut	ionai i ioviuc	<u> </u>	
Camillus - Better Way of Greater Miami	Provider l	Number: Date:	680002508 10/01/2010	
Camillus Health Concern -Better Way 336 NW 5th Street	Fiscal Y		N/A	
Miami, FL 33128	Audit Status:		N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$142.98	\$143.69	10/01/2010	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Prospective Interim Total Interim	tive I Prospective pective Adjusted for N	New Costs		
	Rydell Samuel, Ad icaid Cost Reimburser]`	



Medicaid Reimbur	sement Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Camillus - Mother Theresa Sister of Charity Camillus Health Concern - Mother Theresa 336 NW 5th St Miami, FL 33128		Provider Number: Date:		680002510 10/01/2010
		Fiscal Y Audi	ear End: t Status:	N/A N/A
Provider Type:	_	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Cente	ers	\$142.98	\$143.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
Distribution:		ydell Samuel, Ad aid Cost Reimburser	lministrator	
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in ra	ite)			



Treasure Coast Community Health - Fellsmere		Provider l	Number: Date:	680005000
12196 CR 512 Fellsmere, FL 32948		Fiscal Y Audi		10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.21	\$135.89	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv			
Unaudited costs		rospective	Iowr Coata	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	iew Cosis	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs		
	Settlemei	it based on costs		
		ydell Samuel, Ac		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicald Reimbursemen	"	rovider l		680005001
Treasure Coast Community Health - Vero	1	TO VIGCT 1	Date:	10/01/2010
12196 CR 512		Fiscal Y	ear End:	N/A
Fellsmere, FL 32948		Audi	t Status:	N/A
Provider Type:	Curre	nt Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$	135.21	\$135.89	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		į		
Basis:	Rate Type:			
Budget	X Prospective			
Unaudited costs	X Total Prospectiv			
Desk audited costs	Prospective Adju	usted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based o	n costs		
	W. Rydell Sar Medicaid Cost R	muel, Ad Reimburser	ministrator	
D1 4 11 11				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Treasure Coast Community Health - Vero2		Provider 1	Number: Date:	680005002 10/01/2010
12196 County Rd. 512		Fiscal Y		N/A
Fellsmere, FL 32948		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			·	
X Federally Qualified Health Centers		\$135.21	\$135.89	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Internal Total Inte	rim		
Average Nursing Home Rate		it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimburser		
For information Only (No Change in rate)				



	Fiscal Y	ear End:		
	A 1'		N/A N/A	
Hollywood, FL 33021		Audit Status:		
	Current Rate	New Rate	Effective Date	
S	\$139.00	\$139.69	10/01/2010	
	±			
Rate Type :				
X Prospectiv	/e			
X Total F	rospective			
Prospe	ctive Adjusted for N	lew Costs		
	•			
			F	
	Rate Type: X Prospective X Total For Prospective Interiment Total Interiment Settlement W. Ry	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim	



Broward Community FH - North Powerline Re	oad	Provider 1	Number: Date:	680027102 10/01/2010
168 North Powerline Road		Fiscal Y		N/A
Pompano Beach, FL 33069		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.00	\$139.69	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		1		
Basis:	Rate Type :			
Budget	X Prospectiv			
Unaudited costs Desk audited costs		rospective ctive Adjusted for N	lew Costs	
Field audited costs		,		
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs		
	W. Ry	/dell Samuel, Ad		<u>F</u>
Distribution: Fiscal Agent Contract Management Permanent File	Medica	iid Cost Reimburser	nent Anarysis	
Program Development: For information Only (No Change in rate)				



Broward Community & Family Health - West Par	• • •	Provider I	Number:	680027104
		Fiscal Y	Date:	10/01/2010 N/A
5010 Hollywood Blvd., Ste 100B			t Status:	N/A N/A
Hollywood, FL 33021				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.00	\$139.69	10/01/2010
Hospice Provider			<u> </u>	
#651 Routine Home Care				
#652 Continuous Home Care			•	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
		1		h
Basis:	Rate Type :			
Budget	X Prospectiv			
Unaudited costs Desk audited costs		Prospective ctive Adjusted for N	lew Costs	
Field audited costs		etive Aujustea 101 1	iew costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average runsing from Rute	Settlemen	nt based on costs	1.0/8	
		ydell Samuel, Ac		
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File Program Development:				
2. vBuilt 20, vivpinous				
For information Only (No Change in rate)				



Medicald Reinibur senie	int I et Diem Kates			
I.M. Solzbacher Ctr for the Homeless		Provider N		686032000
		Fiscal Ye	Date:	10/01/2010
611 E. Adams St			t Status:	N/A N/A
Jacksonville, FL 32202		Auui	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$114.02	\$114.59	10/01/2010
Hospice Provider				
#651 Routine Home Care				<u></u>
#652 Continuous Home Care				
#655 Inpatient Respite Care			·····	
#656 General Inpatient Care				
#659 Room and Board	<u>w</u>			
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	X Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	•			
Medicare - Prospective X Payment System Rate	Interim Total Inte	i		
Average Nursing Home Rate		nt based on costs		
	W. R	ydell Samuel, Ad aid Cost Reimburser	ministrator	F.
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



St. Joseph Care of Florida - Garrison Ave		Provider 1	686728600 10/01/2010	
2475 Garrison Avenue		Fiscal Y		N/A
Port St. Joe, FL 32546		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$99.53	\$100.03	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			··-	
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad		
For information Only (No Change in rate)				



em Kates for Non-Institut		<u> </u>	
Provider 1	Provider Number:		
Figgel V		10/01/2010 N/A	
		N/A N/A	
11441	it Butus.	14/11	
Current Rate	New Rate	Effective Date	
\$99.53	\$100.03	10/01/2010	
Prospective Adjusted for N	lew Costs		
Total Interim			
Settlement based on costs			
	Provider I Fiscal Y Audi Current Rate \$99.53 Prospective Total Prospective Prospective Adjusted for Nonterim Total Interim Settlement based on costs W. Rydell Samuel, Act	Provider Number: Date: Fiscal Year End: Audit Status: Current Rate New Rate \$99.53 \$100.03 E Type: Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim	



Provider I Fiscal Y	Number: Date:	686728604
Fiscal Y		686728604 10/01/2010
		N/A
Audi	t Status:	N/A
Current Rate	New Rate	Effective Date
\$99.53	\$100.03	10/01/2010
e		
rospective		
tive Adjusted for N	lew Costs	
rina		
	lministrator	
	e rospective tive Adjusted for North thased on costs dell Samuel, Additional control of the cost of th	\$99.53 \$100.03 e rospective tive Adjusted for New Costs rim t based on costs



Health Care Centers for Homeless - Westmoreland		Provider 1		687429100
Health Care Centers for Homeless - Westmoreland	ı	1 TOVIGOI I	Date:	10/01/2010
234 N. Orange Blossom Trail		Fiscal Y	ear End:	N/A
Orlando, FL 32805		Audi	t Status:	N/A
		Current Rate	New Rate	Effective Date
Provider Type:		Current Rate	New Mate	Effective Date
Rural Health Clinic	· -			
Swing-Bed Provider				
X Federally Qualified Health Centers		\$132.49	\$133.15	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
		1		- 22 34-3
Basis:	Rate Type :			
Budget	Z Prospectiv	<i>r</i> e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Turkanina			
Medicare - Prospective X Payment System Rate	— Interim Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		/dell Samuel, Ac		R
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Health Care Centers for Homeless - Parramore		Provider I	687429102 10/01/2010	
234 N. Orange Blossom Trail Orlando, FL 32805		Fiscal Year End: N/A Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$132.49	\$133.15	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
.	<u> </u>			
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ac aid Cost Reimburser	lministrator	<u>P</u>
District and an a				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)	.			



Northeast Florida Health Svc - Pierson Medical Center		Provider 1	687955100 10/01/2010	
PO Box 527 Pierson, FL 32180		Fiscal Y Audi	N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$114.02	\$114.59	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	-			
#659 Room and Board				
			27.3	
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		
For information Only (No Change in rate)				



Northeast Florida Health Svcs - West Plymouth Ave		Provider Number: 687955102 Date: 10/01/2010		
PO Box 527		Fiscal Year End: N/A		
Pierson, FL 32180		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	5	\$114.02	\$114.59	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		1		
#659 Room and Board				
Basis:	Rate Type :	•		
Budget	X Prospectiv	/e		
Unaudited costs		rospective	Ct-	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average (varsing frome Nate	Settlemen	nt based on costs	<u></u>	
	<u></u>	ydell Samuel, Ad aid Cost Reimbursen		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		·		
For information Only (No Change in rate	:)			



Northeast Florida Health Services, Inc Deltona		Provider Number: Date:		687955104 10/01/2010	
PO Box 527		Fiscal Y		N/A	
Pierson, FL 32180		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$114.02	\$114.59	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	ve			
Unaudited costs		rospective			
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settlemer	nt based on costs		AM (45)	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad nid Cost Reimburser			
For information Only (No Change in rate)					



Pinellas County Board-Mobile Med Unit		Provider Number: 68841210		
24 - 4 4 37 d		Fiscal Ye	Date:	10/01/2010 N/A
647 1st Ave. North			t Status:	N/A N/A
St. Petersburg, FL 33701				1771
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$106.46	\$106.99	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs	X Prospectiv	re Trospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs		-		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		K
For information Only (No Change in rate)				



Wiedicald Reimbursein	ent i et Diem Rates			
Citrus Health Network		Provider 1		688571300
		Fiscal Y	Date:	10/01/2010 N/A
4175 W. 20th Avenue			t Status:	N/A N/A
Hialeah, FL 33012		11661	· Ducus.	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$131.98	\$132.64	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
	<u> </u>			
Budget	X Prospectiv	re Trospective		
Unaudited costs Desk audited costs		tive Adjusted for N	lew Costs	
Field audited costs		0021 0 1 20,00000 2 2 2		
Medicare - Prospective	Interim			:
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		****
		ydell Samuel, Ac		R/
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



The Brevard Health Alliance, Inc		Provider Number: 688693100 Date: 10/01/2010		
5270 Babcock St NE		Fiscal Year End: N/A		
Palm Bay, FL 32905		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			=	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$134.79	\$135.46	10/01/2010
Hospice Provider			· · · · · · · · · · · · · · · · · · ·	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			,	
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	Interim			•
Medicare - Prospective X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad nid Cost Reimburser		<u> </u>
For information Only (No Change in rate)	·			



The Brevard Health Alliance - Hickory		Provider 1	688693102 10/01/2010	
17 Silver Palm Ave.			Fiscal Year End: N/A	
Melbourne, FL 32901		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$134.79	\$135.46	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		/dell Samuel, Ad aid Cost Reimburser		<u>F</u>



Wedicard Reimbursens	ent Fer Diem Kates	Provider 1		688693104
The Brevard Health Alliance - Mobile Unit		Flovider	Date:	10/01/2010
5270 Babcock St NE		Fiscal Y		N/A
Palm Bay, FL 32905		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider]		
X Federally Qualified Health Centers		\$134.79	\$135.46	10/01/2010
Hospice Provider		\$134.79	\$133.70	10/01/2010
#651 Routine Home Care		<u> </u>		
	<u> </u>			
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	<u></u>		·—···	
Basis:	Rate Type:			
Dudgat	X Prospecti	7.0		
Budget Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Int			
Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ad		K
	Medic	nid Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursem	<u>ent Per Diem Rates</u>	s for Non-Institut	ional Provide	<u>ers</u>	
The Brevard Health Alliance - County Clinic 15 Rosa L. Jones Drive		Provider Number: Date: Fiscal Year End: Audit Status:		688693106 10/01/2010 N/A	
Cocoa, FL 32922		Aud	n Biaius.	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$134.79	\$135.46	10/01/2010	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	ve			
Unaudited costs	X Total F	Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs	T . •				
Medicare - Prospective X Payment System Rate	Interim Total Inte	ntarim			
Average Nursing Home Rate		nert based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser	lministrator/	<u>R</u>	
For information Only (No Change in rate)					



The Brevard Health Alliance - Mobile Unit		Provider l	Number:	688693108
16 Dece I. Jesse Deise		Fiscal Y	Date: ear End:	10/01/2010 N/A
15 Rosa L. Jones Drive			t Status:	N/A
Cocoa, FL 32922				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		}		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$134.79	\$135.46	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	t based on costs		
		rdell Samuel, Ad id Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
•				
For information Only (No Change in rate)				



The Brevard Health Alliance	Provider 1	688693110 10/01/2010		
705 Blake Ave, Ste G		Fiscal Y		N/A
Cocoa, FL 32922		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$134.79	\$135.46	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
	Settlemer	t based on costs	,	
		dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Pancare of Florida	embursement i er Diem Rates	Provider 1		689693600
Taileare of Florida		110,1001	Date:	10/01/2010
2309 E. 15th Street		Fiscal Y		N/A
Panama City, FL 32405		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			, 	
Swing-Bed Provider				
X Federally Qualified Health	Centers	\$102.96	\$103.47	10/01/2010
Hospice Provider				
#651 Routine Home Car	e			1
#652 Continuous Home	Care			
#655 Inpatient Respite C	Care		, -,,-,	
#656 General Inpatient	Care			
#659 Room and Board				
		L. Wanger		
Basis:	Rate Type :			
~ 1	, <u> </u>			
Budget Unaudited costs	X Prospectiv	ros pe ctive		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		100 to 100 (5 to 100 to
		ydell Samuel, Ad aid Cost Reimburser		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Cha	ange in rate)			



Provider l	Provider Number:		
	Fiscal Year End: Audit Status:		
Current Rate	New Rate	Effective Date	
\$102.96	\$103.47	10/01/2010	
!			
Prospective Total Prospective Prospective Adjusted for N	New Costs		
	Fiscal Y Audi Current Rate \$102.96 \$102.96 te Type: Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ac	Total Prospective Prospective Prospective Adjusted for New Costs Interim Total Interim Piscal Year End: Audit Status: Pew Rate New Rate New Rate New Rate	



Medicaid Reimbi	<u>ırsement Per Diem Rate</u>	s for Non-Institut	<u>ional Provide</u>	<u>ers</u>
PanCare of Florida - Santa Rosa Bch CHC - Walton Countv 431 Oak Ave. Panama City, FL 32401		Provider l Fiscal Y Audi	Date:	689693604 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Rute		2110011102000
Swing-Bed Provider				
X Federally Qualified Health Cen	tors	\$102.96	\$103.47	10/01/2010
Hospice Provider	IC13	\$102.70	Ψ103.47	10,01,2010
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care #659 Room and Board	<u> </u>			
Basis: Budget	Rate Type:	•	- · .	
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburse		
For information Only (No Change in	rate)			



Agape Community Health Center 1760 Edgewood Ave West Jacksonville, FL 32208 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider			10/01/2010 N/A N/A
Jacksonville, FL 32208 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers	Current	scal Year End: Audit Status: Rate New R	N/A N/A
Jacksonville, FL 32208 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers	Current	Audit Status: Rate New R	N/A
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers		Rate New R	
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers			Rate Effective Date
Swing-Bed Provider X Federally Qualified Health Centers	\$11	4.02 \$114	
X Federally Qualified Health Centers	\$11	4.02 \$11/	
	\$11	4.00 0114	
Hospice Provider	:	4.02 \$114	1.59 10/01/2010
	:		
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: Ra	te Type :		
Budget X	Prospective		
Unaudited costs X	_ -		
Desk audited costs	Prospective Adjust	ed for New Costs	
Field audited costs			
1/10dicate 1 fospective	Interim		
X Payment System Rate Average Nursing Home Rate	Total Interim	costs	
Average Nursing Home Rate	W. Rydell Sami		ator#
	Medicaid Cost Rei	uel, Administra	101



Medicard Reinibul Seniel	it i ei Dieni Rates	Provider 1		
Escambia Community Clinics		Provider 1	Date:	692990700 10/01/2010
2200 N. D. L. C C4		Fiscal Y		N/A
2200 N. Palafox St			t Status:	N/A
Pensacola, FL 32514				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$99.32	\$99.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:		- 477 -	
Budget	X Prospective			
Unaudited costs		rospective ctive Adjusted for N	Iaw Caste	
Desk audited costs Field audited costs	riospe	ctive Adjusted for N	iew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburser	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Escambia Community Clinics, Inc.		Provider Number:		692990702
Santa Rosa Community Clinic		T) 137	Date:	10/01/2010
2200 North Palafox Street		Fiscal Year End: Audit Status:		N/A
Pensacola, FL 32501			it Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$99.32	\$99.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			40.11	
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		Prospective		
Desk audited costs	Prospe	pective Adjusted for New Costs		
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Inte	arim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ac	lministrator	R
Distribution:				
Fiscal Agent Contract Management				
Permanent File				



<u>Medicaid Reimbur</u>	rsement Per Diem Rate			ers
Escambia Community Clinics, Inc		Provider 1		692990704
		Date:		10/01/2010
2200 N. Palafox Street		Fiscal Year End: Audit Status:		N/A N/A
Pensacola, FL 32501				14/21
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			· •••••	
X Federally Qualified Health Cente	ers	\$99.32	\$99.82	10/01/2010
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Prospe	ve Prospective ective Adjusted for N	- - /	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		
For information Only (No Change in ra	ate)			



		<u>ional Provide</u>	
	Provider I	Number:	692990705
		Date:	10/01/2010
	Fiscal Y		N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
			
	\$99.32	\$99.82	10/01/2010
			
Rate Type:			
X Prospectiv	ve		
			
Prospe	ctive Adjusted for N	lew Costs	
	-		
	X Prospectiv X Total I Prospe Interim Total Inte	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N	Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim