



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry County Hospital Authority
 Hendry Regional Convenient Care Center
 450 S. Main Street, Suite 1
 Labelle, FL 33935

Provider Number: 000640100
 Date: 10/01/2010
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$113.19	\$113.76	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Adventist Health System	Provider Number:	000707900
Family Practice Center of Avon Park	Date:	10/01/2010
1006 W. Pleasant Street	Fiscal Year End:	N/A
Avon Park, FL 33825	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$113.20	\$113.77	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

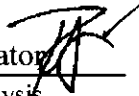
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Bradford Hospital RHC

Provider Number: 010007202

Date: 10/01/2010

1550 S. Water St

Fiscal Year End: N/A

Starke, FL 32091

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$160.36	\$161.16	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Magnolia Medical Clinic

Provider Number: 010080301

Date: 10/01/2010

P.O.Box 70

Fiscal Year End: N/A

Port St. Joe, FL 32457

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$111.18	\$111.74	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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N.W. Florida Community Hosp.

Provider Number: 010190702

Date: 10/01/2010

1360 Brickyard Road

Fiscal Year End: N/A

Chipley, Fl 32428

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$69.76	\$70.11	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Cypress Medical Clinic

Provider Number: 058800801

Date: 10/01/2010

118 North Hwy 71

Fiscal Year End: N/A

Wewahitchka, FL 32465

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$108.59	\$109.13	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
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Hendry Family Care Center
 500 West Sagamore Avenue
 Clewiston, Fl 33440

Provider Number: 253668401
 Date: 10/01/2010
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$135.16	\$135.84	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthmark of Walton

Provider Number: 372384401

4415 US Hwy 331

Date: 10/01/2010

DeFuniak Springs, FL 32435

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$140.96	\$141.66	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Houston County Healthcare Authority - Malone

Provider Number: 660001800

Date: 10/01/2010

P.O.Box 665

Fiscal Year End: N/A

Malone, FL 32445

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$100.56	\$101.06	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Primary Care

Provider Number: 660002600

Date: 10/01/2010

1702 S. Jefferson St

Fiscal Year End: N/A

Perry, FL 32347

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$109.62	\$110.17	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Houston County Healthcare Authority - Malone

Provider Number: 660004200

P.O Box 635

Graceville, FL 32440

Date: 10/01/2010

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$100.56	\$101.06	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Chipley Rural Health Clinic	Provider Number:	660005100
	Date:	10/01/2010
P.O. Box 918	Fiscal Year End:	N/A
Chipley, FL 32428	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$100.56	\$101.06	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Gulf Pines Medical
 102 20th Street
 Port Saint Joe, FL 32456

Provider Number: 660007700
 Date: 10/01/2010
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$93.50	\$93.97	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Blountstown Family Practice
 17808 NE Charley Johns St
 Blountstown, FL 32424

Provider Number: 660037900
 Date: 10/01/2010
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$76.91	\$77.29	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Monticello Family Medicine

Provider Number: 660037901

Date: 10/01/2010

1549. S. Jefferson St

Fiscal Year End: N/A

Monticello, FL 32344

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$76.91	\$77.29	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Quincy Medical Group

Provider Number: 660037902

Date: 10/01/2010

178 LaSalle Lafall Dr

Fiscal Year End: N/A

Quincy, FL 32351

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$76.91	\$77.29	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Wakulla Family Medicine	Provider Number:	660037903
	Date:	10/01/2010
15 Council Moore Rd	Fiscal Year End:	N/A
Crawfordville, FL 32327	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$76.91	\$77.29	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

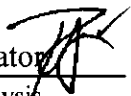
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Gateway Medical Clinic - Crestview

Provider Number: 660049201

Date: 10/01/2010

127-C Redstone Ave

Fiscal Year End: N/A

Crestview, FL 32539

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$77.87	\$78.26	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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N. Okaloosa Medical Center	Provider Number:	660058100
	Date:	10/01/2010
650 Hwy 331 South	Fiscal Year End:	N/A
DeFuniak, FL 32435	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$77.87	\$78.26	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family Health

Provider Number: 660074300

Date: 10/01/2010

P.O. Box 2177

Fiscal Year End: N/A

Arcadia, Fl 34265

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$76.92	\$77.30	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

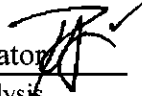
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Butler Hospital RHC

Provider Number: 660083200

Date: 10/01/2010

850 E. Main St

Fiscal Year End: N/A

Lake Butler, FL 32054

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$152.84	\$153.60	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctors' Memorial Hospital	Provider Number:	660092100
	Date:	10/01/2010
1209 1st Avenue South	Fiscal Year End:	N/A
Steinhatchee, Fl 32359	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$267.92	\$269.26	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Madison Memorial Health Care
 194 NE Hancock Ave
 Madison, FL 32340

Provider Number: 660093000
 Date: 10/01/2010
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$111.98	\$112.54	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

TCH Family Clinic of Live Oak

Provider Number: 660107300

Date: 10/01/2010

506 4th Street, N.W.

Fiscal Year End: N/A

Jasper, FL 32060

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$119.29	\$119.89	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Shands Medical Group of Live Oak

Provider Number: 660120100

1116 S.W. 11th Street
 Live Oak, FL 32060

Date: 10/01/2010

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$129.87	\$130.52	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Rural Health Clinic

Provider Number: 660122700

Date: 10/01/2010

P.O. Box 889

Fiscal Year End: N/A

Chipley, FL 32428

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$112.60	\$113.16	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Medicine

Provider Number: 660123500

Date: 10/01/2010

P.O. Box 228

Fiscal Year End: N/A

Mayo, FL 32066

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$148.56	\$149.30	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
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 Total Interim
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Practice

Provider Number: 660124300

Date: 10/01/2010

1702 S. Jefferson St.

Fiscal Year End: N/A

Perry, FL 32348

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$100.56	\$101.06	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Family Health Services

 125 S.W. 7th Street
 Williston, FL 32696

Provider Number: 660137500
 Date: 10/01/2010
 Fiscal Year End: N/A
 Audit Status: N/A

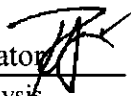
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$113.52	\$114.09	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Internal Medicine

 402 E. Ash St
 Perry, FL 32347

Provider Number: 660138300
 Date: 10/01/2010
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$100.56	\$101.06	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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Rate Type :

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Quality First Care

Provider Number: 660158800

777 W. Duval St.

Date: 10/01/2010

Lake City, FL 32055

Fiscal Year End: N/A

Audit Status: N/A

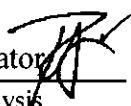
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$148.56	\$149.30	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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