

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

Hendry Regional Convenient Care Center		Provider Number: 0		
450 C. Main Chant Crite 1	. 5' 137	Date:	10/01/2010 N/A	
450 S. Main Street, Suite 1	· · · · · · · · · · · · · · · · · ·	Fiscal Year End:		
Labelle, FL 33935	Audi	Audit Status:		
Provider Type:	Current Rate	Current Rate New Rate		
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		± 4 ***		
#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 N	ew Costs		
Field audited costs				
	erim			
X Payment System Rate Average Nursing Home Rate	Total Interim			
	Settlement based on costs			
	W. Rydell Samuel, Ad	ministrator	R/	
	Medicaid Cost Reimbursen		—	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				



Adventist Health System				000707900
Family Practice Center of Avon Park				10/01/2010
1006 W. Pleasant Street				N/A
Avon Park, FL 33825		Audi	t Status:	N/A
Provider Type:	Current Rate No			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	i :			
#652 Continuous Home Care				
#655 Inpatient Respite Care	<u> </u>			
#656 General Inpatient Care	:			
#659 Room and Board	: <u></u> i			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospect Prospective Acc Interim Total Interim Settlement based W. Rydell S Medicaid Cost	on costs	lministrator	<u></u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Florida Agency for Health Care Administration

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Bradford Hospital RHC	<u>T Per Diem Rates for Non-Institut</u> Provider		010007202
Bradiora Hospital Krie	110,1401	Date:	10/01/2010
1550 S. Water St	Fiscal Y	- ''	
Starke, FL 32091	Audi	it 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	t .		
#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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser		
For information Only (No Change in rate)			



Medicald Reinibursemen	<u>it Per Diem Rates for Non-Institut</u>	ionai i iovide	<u>rs</u>	
Magnolia Medical Clinic	Provider 1		010080301	
		Date:	10/01/2010	
P.O.Box 70	Fiscal Y	ear End: t Status:	N/A N/A	
Port St. Joe, FL 32457	Audi	N/A		
Provider Type:	Current Rate	Current Rate New Rate		
Rural Health Clinic	\$111.18	\$111.74	10/01/2010	
Swing-Bed Provider	***	:		
Federally Qualified Health Centers	A PAN BY MARKET TO			
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 Prospective X Total Prospective Prospective Adjusted for Notal Interim Total Interim Settlement based on costs W. Rydell Samuel, Add Medicaid Cost Reimbursen	ministrator	· · · · · · · · · · · · · · · · · · ·	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



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N.W. Florida Community Hosp.	Provider Number: 0101907 Date: 10/01/20		
1360 Brickyard Road	Fiscal Y	Year End:	10/01/2010 N/A
Chipley, Fl 32428	Audit Sta		N/A
Provider Type:	Current Rate	Current Rate New Rate	
Rural Health Clinic	\$69.76	\$70.11	Effective Date 10/01/2010
	\$09.70	\$/0.11	10/01/2010
Swing-Bed Provider			_
Federally Qualified Health Centers	i		
Hospice Provider	:		1
#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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, A Medicaid Cost Reimburse		



Tallahassee, Florida 32308

Cypress Medical Clinic				058800801 10/01/2010
118 North Hwy 71		Fiscal Y		N/A
Wewahitchka, FL 32465		Audit Status:		N/A
Provider Type:		Current Rate New Rate		Effective Date
Rural Health Clinic		\$108.59 \$109.13		
Swing-Bed Provider				
Federally Qualified Health Centers				
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	X Prospective			
Unaudited costs	X Total Pro	-	_	
Desk audited costs	Prospective Prospe	ve Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Interin	n		
Average Nursing Home Rate		ased on costs		
		ell Samuel, Ad Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



	ement Per Diem Rates for Non-Institutional Providers Provider Number: 2536684				
Hendry Family Care Center	-			10/01/2010	
500 West Sagamore Avenue	Fiscal Year End:			N/A	
Clewiston, Fl 33440	Audit Status:			N/A	
Provider Type:	Current F	Current Rate New Rate			
Rural Health Clinic	\$135	.16	\$135.84	10/01/2010	
Swing-Bed Provider					
Federally Qualified Health Centers	:			· ·	
Hospice Provider					
#651 Routine Home Care	į				
#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 Prospective X Total Prospective Prospective Adjusted Interim	l for N	lew Costs		
X Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on co	sts			
<u>Distribution:</u> Fiscal Agent Contract Management	W. Rydell Samue Medicaid Cost Reim				
Permanent File Program Development:					
For information Only (No Change in rate)					



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Healthmark of Walton		Provider 1		372384401 10/01/2010
4415 US Hwy 331		Fiscal Y		N/A
DeFuniak Springs, FL 32435		Audi	t 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				
#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 Int	Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		
For information Only (No Change in rate)				



Houston County Healthcare Authority - Malon	e	Provider Number		660001800	
P.O.Box 665		Fiscal Y	Date: ear End:	10/01/2010 N/A	
			t Status:	N/A	
Malone, FL 32445					
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:	Rate Type:				
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	ProspeInterimTotal Int	Prospective ective Adjusted for N	lew Costs		



Provider Number: 66000260 Date: 10/01/202			
		N/A	
Audit Status:		N/A	
Current Rate			
\$109.62	\$110.17	10/01/2010	
	- LAM PARATA SA		
· · ·			
Prospective X Total Prospective	New Costs		
	Rate Type: Prospective X Total Prospective Adjusted for No. Interim Total Interim Settlement based on costs	Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim Interim Total Interim Total Interim	



Medicaid Reimbursement Per D			<u>rs</u>
Houston County Healthcare Authority - Malone	Provider Number: 6600		
	Fiscal Ye	Date:	10/01/2010
P.O Box 635		ear End: t Status:	N/A N/A
Graceville, FL 32440	7 tuti	riddi Saitus.	
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			i !
#656 General Inpatient Care			
#659 Room and Board			
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Nonterim Total Interim Settlement based on costs	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		
For information Only (No Change in rate)			



<u>Medicaid Reimburseme</u>	nt Per Diem Kates ior			
Chipley Rural Health Clinic				660005100 10/01/2010
P.O. Box 918		N/A		
Chipley, FL 32428	Fiscal Year End: Audit Status:			N/A
				Effective Date
Provider Type:	Cu	rrent Rate	New Rate	
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	:			
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 Interim Total Interim Settlement base	Adjusted for N	New Costs	
<u>Distribution:</u>		Samuel, Adost Reimbursen	lministrator ment Analysik	
Fiscal Agent Contract Management Permanent File Program Development:				
Permanent File				



Gulf Pines Medical		Provider 1	Number: Date:	660007700 10/01/2010
102 20th Street		Fiscal Y		N/A
Port Saint Joe, FL 32456		Audi	t 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	410-			
#651 Routine Home Care	w	:		
#652 Continuous Home Care		i		
#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	ministrator	F
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Blountstown Family Practice		Provider Number: 6600379				
•			10/01/2010			
17808 NE Charley Johns St		Fiscal Y	ear End: t Status:	N/A		
Blountstown, FL 32424		Audi	N/A			
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic		\$76.91	\$77.29	10/01/2010		
Swing-Bed Provider		<u>.</u>				
Federally Qualified Health Centers		:				
Hospice Provider		·				
#651 Routine Home Care	,					
#652 Continuous Home Care		:				
#655 Inpatient Respite Care						
#656 General Inpatient Care				: 		
#659 Room and Board		!		•		
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	ProspeInterimTotal Inte	Prospective ctive 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)						



Provider	Provider Number: 660037 Date: 10/01/2 Fiscal Year End: N/A Audit Status: N/A		
Aud			
Current Rate	New Rate	Effective Date	
\$76.91	\$77.29	10/01/2010	
:			
		i	
		· i	
		:	
		: : :	
Prospective X Total Prospective	New Costs	7 ./	
_	Rate Type: X Prospective X Total Prospective Prospective Adjusted for North 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	



Quincy Medical Group	Provider Number: 660037902 Date: 10/01/2010			
178 LaSalle Lafall Dr		Fiscal Y		N/A
Quincy, FL 32351			t 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		1	- Marcon	
#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	ive Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Rydell Samuel, Adcaid Cost Reimburser		
For information Only (No Change in rate)				



Wakulla Family Medicine		Provider 1		660037903
15 C		Fiscal Y	Date: ear End:	10/01/2010 N/A
15 Council Moore Rd Crawfordville, FL 32327			t Status:	N/A N/A
Crawlordville, FL 32327				
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				:
Basis:	Rate Type	_		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosp Interim Total In	Prospective ective Adjusted for N	lew Costs	



Gateway Medical Clinic - Crestview	Provider Number: Date:			660049201 10/01/2010	
127-C Redstone Ave		Fiscal Y		N/A	
Crestview, FL 32539		Audi	t Status:	N/A	
Provider Type:	Currei	nt 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					
Basis:	Rate Type:			·	
Budget	X Prospective				
Unaudited costs	X Total Prospective				
Desk audited costs Field audited costs	Prospective Adju	isted for N	ew Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Interim				
Average Nursing Home Rate	Settlement based or	n costs	- · · ·-		
	W. Rydell Sar Medicaid Cost R			R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



N. Okaloosa Medical Center		Provider 1		
Tr. Ondiooga Modified			Date:	10/01/2010
650 Hwy 331 South		Fiscal Y		N/A
DeFuniak, FL 32435	Audit Status: N/A			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				<u> </u>
#652 Continuous Home Care				i
#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	lew Costs	
Field audited costs	•			
Medicare - Prospective X Payment System Rate	Interim Total In	· anima		
Average Nursing Home Rate		ent based on costs		
	<u>W. R</u>	ydell Samuel, Ad	ministrator	<u> </u>
	Medic	caid Cost Reimburser	nent Analysis	(
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Florida Agency for Health Care Administration

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

Center for Family Health	Provid		Number: Date:	660074300 10/01/2010	
P.O. Box 2177		Fiscal Y		N/A	
Arcadia, Fl 34265		Audı	t 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		-			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Total P Prospect Interim Total Inte	rospective ctive Adjusted for N			
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		id Cost Reimbursen		!	



Medicaid Reimbursemer	it Per Diem Rates			
Lake Butler Hospital RHC		Provider 1	Number: Date:	660083200 10/01/2010
850 E. Main St		Fiscal Y		N/A
Lake Butler, FL 32054			t Status:	N/A
	 - .	·-···		
Provider Type:		Current 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				
#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 erim at based on costs		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		
For information Only (No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rate			<u>ers</u>
Doctors' Memorial Hospital		Provider 1		660092100
		F:1 37	Date:	10/01/2010
1209 1st Avenue South		Fiscal Y	ear End: t Status:	N/A N/A
Steinhatchee, Fl 32359		Audi	i Status.	IN/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:	Rate Type :			
Budget	X Prospecti	ive		
Unaudited costs		Prospective		
Desk audited costs		ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Int			
	Settleme	ent based on costs		
			I	R/
		ydell Samuel, Ad aid Cost Reimburser		
	Weate	ald Cost Relinburser	nent Anaiysp	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				
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Medicaid Reimbursement	Per Diem Rates for N			<u>rs</u>
Madison Memorial Health Care		Provider 1		660093000
		Figoal V	Date:	10/01/2010 N/A
194 NE Hancock Ave		Fiscal Year End: Audit Status:		N/A N/A
Madison, FL 32340				
Provider Type:	Cur	rent 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	i			-
#655 Inpatient Respite Care				
#656 General Inpatient Care	:		ALCO ARE SETTING	
#659 Room and Board	:			
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs	X Total Prospec	tive		
Desk audited costs	Prospective A	djusted for N	lew Costs	
Field audited costs	Tutanina			
Medicare - Prospective X Payment System Rate	Interim Total Interim			
Average Nursing Home Rate	Settlement based	d on costs		
	W. Rydell S Medicaid Cos		ministrator	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	<u>nt Per Diem Rates</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>	
TCH Family Clinic of Live Oak		Provider Number: 66010730 Date: 10/01/20			
		F:1 V	10/01/2010		
506 4th Street, N.W.		Fiscal Y	ear End: t Status:	N/A N/A	
Jasper, FL 32060		7 tuai	t Hatas.	IN/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					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	Prospective ctive Adjusted for N	ew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen			
For information Only (No Change in rate)					



			660120100	
				10/01/2010
				N/A N/A
	Addit Status.			
		Current Rate	New Rate	Effective Date
		\$129.87	\$130.52	10/01/2010
		:		
		:		
		:		:
				i
				:
		i		
<u>x</u> <u>x</u>	Prospect Total Prosp nterim Total In	ive Prospective ective Adjusted for N	New Costs	
	<u>x</u> <u>x</u>	X Prospect X Total Prosp Interim Total In Settleme W. F	Rate Type: X Prospective X Total Prospective Prospective Adjusted for North Interim Total Interim Settlement based on costs W. Rydell Samuel, Act	Rate Type: X Prospective



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

Community Rural Health Clinic			660122700 10/01/2010
P.O. Box 889	Fiscal Y		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		<u></u>	
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Unaudited costs X T	pe: pective otal Prospective rospective Adjusted for N	lew Costs	
Medicare - Prospective Interim X Payment System Rate Total	al Interim lement based on costs		
	V. Rydell Samuel, Ad Iedicaid Cost Reimbursen		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Medicaid Reimbursement Per Diem				
Doctor's Memorial Family Medicine	Provider Number: 660 Date: 10/0			
P.O. Box 228	Fiscal Y	Fiscal Year End:		
Mayo, FL 32066		Audit Status:		
		T-00 (1 T-)		
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				
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate To	ospective Total Prospective Prospective Adjusted for N im otal Interim ettlement based on costs	lew Costs		
Distribution:	W. Rydell Samuel, Ad Medicaid Cost Reimbursen			
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Doctor's Memorial Family Practice	Provider Number: Date:		660124300 10/01/2010	
1702 S. Jefferson St.	Fiscal Y	Fiscal Year End:		
Perry, FL 32348	Audi	Audit Status:		
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		· · · · · · ·	<u>. </u>	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	: :			
#656 General Inpatient Care	:			
#659 Room and Board				
Budget X Unaudited costs X Desk audited costs Field audited costs	rotal Prospective Prospective Adjusted for Materia Total Interia Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	lministrator		
For information Only (No Change in rate)				



Nature Coast Family Health Services	Provider Number: Date:		660137500 10/01/2010	
125 S.W. 7th Street		Fiscal Y		N/A
Williston, FL 32696	Audit Status:		N/A	
Provider Type:	Curr	ent Rate	New Rate	Effective Date
Rural Health Clinic		\$113.52	\$114.09	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers				<u> </u>
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	<u> </u>			
#656 General Inpatient Care				
#659 Room and Board				· · · · · · · · · · · · · · · · · · ·
Budget X	Prospective Total Prospect Prospective Ac Interim Total Interim Settlement based W. Rydell S Medicaid Cost	djusted for N on costs amuel, Ac	Iministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	ivicaleald Cost	. Acomourson	none i muniy sap	



Doctor's Memorial Internal Medicine	Prov	vider 1	Number: Date:	660138300 10/01/2010
402 E. Ash St Perry, FL 32347	Fis		ear End: t Status:	N/A N/A
Provider Type:	Current	Rate	New Rate	Effective Date
Rural Health Clinic	\$10	0.56	\$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	· <u></u>			:
#656 General Inpatient Care				
#659 Room and Board				i
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective X Total Prospective Prospective Adjuste Interim Total Interim Settlement based on co W. Rydell Samu Medicaid Cost Reim	osts el, Ad	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			·	
For information Only (No Change in rate)				



<u>Medicaid Reimbursemen</u>	it Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Quality First Care				660158800
	Date: 10/01/2010			
777 W. Duval St.				N/A N/A
Lake City, FL 32055	Adult Status. 1VA			14/11
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:	Rate Type :		•	
				•
Budget	X Prospective			
Unaudited costs		Prospective	law Costs	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	iew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		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)				