

First Coast Primary Care, Inc.	Provider Number: 00016250 Date: 10/01/20		
3772 West Third Street	Fiscal Year End: N/A		
Hilliard, FL 32046	Au	dit Status:	N/A
Provider Type:	Current Rat	New Rate	Effective Date
X Rural Health Clinic	\$73.64	\$74.01	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care		<u> </u>	
#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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs W. Rydell Samuel, A Medicaid Cost Reimburg	Administrator	 K
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



<u>Medicaid Reinibursemen</u>	mi i ei Diem Rate			
Hawthorne Medical Center		Provider 1		000242900
Hawthorne Medical Center		P*1 37	Date:	10/01/2010
21815 SE 71st Ave		Fiscal Y	ear End: t Status:	N/A
Hawthorne, FL 32640		Audi	t Status.	N/A
Provider Type:	Current Rate New Rate			Effective Date
X Rural Health Clinic		\$73.64	\$74.01	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider		<u>:</u>		
#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	Interim Total Int Settleme W. R.	Prospective ective Adjusted for N	lministrator	
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen	it Fer Diem Rates for Non-Institut		:15	
The Health Clinic	Provider Number: 00025 Date: 10/01/			
	m: 13)	10/01/2010		
1351 South Blvd		ear End: it Status:	N/A	
Chipley, FL 32428	Auu	ii Status.	N/A	
Provider Type:	Current Rate	Current Rate New Rate		
X Rural Health Clinic	\$73.64	\$74.01	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:			
	N/ D			
Budget Unaudited costs	X Prospective Total Prospective			
Desk audited costs	Prospective Adjusted for N	New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
			K/	
	W. Rydell Samuel, Ac			
	Medicaid Cost Reimburser	nent Analysis	•	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				
For information only (No Change in fate)				



Acute Care Pediatrics of Palm Coast, PA	Provider Number: 00038 Date: 10/01/			
397 SW Palm Coast Parkway, #309	Fiscal Y	•	N/A	
Palm Coast, FL 32137	Audi	t Status:	N/A	
Provider Type:	Current Rate	Current Rate New Rate		
X Rural Health Clinic	\$73.64	\$74.01	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			<u> </u>	
#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:	X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Add Medicaid Cost Reimburser	ministrator		
For information Only (No Change in rate)				



Healthflo Medical Clinic, Inc.	Provider 1		000997400
Ridge Manor Medical Clinic	110 (1401)	Date:	10/01/2010
34498 Cortez Blvd	Fiscal Y	ear End:	N/A
Ridge Manor, FL 33523	Audi	t Status:	N/A
	Current Rate	Now Date	Effective Date
Provider Type:			<u>:</u>
X Rural Health Clinic	\$73.64	\$74.01	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	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective	Interim		
X Payment System Rate Average Nursing Home Rate	Total Interim		
Average running from trace	Settlement based on costs		
	W. Dadall Comusi. Ad	miniatratar	R /
	W. Rydell Samuel, Ad Medicaid Cost Reimburser		}
Distribution:			
Fiscal Agent			
Contract Management Permanent File			
Program Development:			
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For information Only (No Change in rate)			
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<u>Medicaid Reimbursemer</u>	<u>tt Per Diem Rates for Non-Institut</u>	<u>iionai Provide</u>	ers
Little Pine Pediatrics, PLLC	Provider Number: 0011		
	Date:		10/01/2010
1211 North Center Street		ear End: it Status:	N/A N/A
Perry, FL 32347	Auu.	it status.	IN/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.64	\$74.01	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers	:		
Hospice Provider			<u>:</u>
#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 M Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	lministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



<u>Medicald Reimbursemen</u>	t Fer Diem Rates for Non-Institut		<u>:18</u>
Roger C. Roque, MD PA	Provider Number: 00126380		
St. Francis Primary Care Clinic	Date: 10/01/20		
720 North Bay Street, Suite 8	Fiscal Y		N/A
Eustis, FL 32726	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.64	\$74.01	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care		Anna Anna Anna Anna	
#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:	Rate Type: X Prospective X Total Prospective Prospective Adjusted for North Interim Total Interim Settlement based on costs W. Rydell Samuel, Add Medicaid Cost Reimburser	ministrator	
For information Only (No Change in rate)			



Premier Medical Pediatric Clinic, Inc.	Provider Number:		001496800 10/01/2010	
315 E. Ash Street	Date: Fiscal Year End:		N/A	
		t Status:	N/A	
Perry, FL 32347				
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.64	\$74.01	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 X Payment System Rate Average Nursing Home Rate	Rate Type: X	·····	*	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		 	
For information Only (No Change in rate)				



Avon Park Pediatrics, PA	Provider Number: 001524			
	Date: 10/01/ Fiscal Year End: N/			
1571 US Hwy 27 North		ear End: It Status:	N/A N/A	
Avon Park, FL 33825	7 144		1N/FX	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.56	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	1			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent	X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	lministrator		
Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



North Florida Pediatrics - Lake City		Provider Number: 0015		
			10/01/2010	
1859 SW Newland Way		Fiscal Y		N/A
Lake City, FL 32025		Audi	t Status:	N/A
Provider Type:	· · · · · · · · · · · · · · · · · · ·	Current Rate New Rate		Effective Date
X Rural Health Clinic		\$77.82	\$78.21	10/01/2010
Swing-Bed Provider		1		***
Federally Qualified Health Centers				· · · · · · · · · · · · · · · · · · ·
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		:	- Tank (Mr.)	
#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	<u>R</u>
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimbursemer</u>	<u>nt Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
North Florida Pediatrics - Jasper	Provider Number: 001534			001534800
	Date: 10 Fiscal Year End:			10/01/2010
1117 US Highway 41 NW, Suite B			t Status:	N/A N/A
Jasper, FL 32052			· · · · · · · · · · · · · · · · · · ·	1 4/ 2 k
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.82	\$78.21	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 Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	rospective ctive Adjusted for N	ministrator	F.
For information Only (No Change in rate)				



	Provider	Number:	
West Florida Medical Associates, PA	Provider	Date:	001589500 10/01/2010
Suncoast Primary Care Specialists	Fiscal Year End: N/A		
3733 Gulf To Lake Hwy.		dit Status:	N/A
Inverness, FL 34453			14/11
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.62	\$73.99	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	Total Prospective Prospective Adjusted for	Naw Costs	
Desk audited costs Field audited costs	Prospective Adjusted for	New Costs	
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
			7/
	W. Rydell Samuel, A	dministrator	
	Medicaid Cost Reimburse	ment Analysis	· ·
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
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For information Only (No Change in rate)			



	D 1		
Meadowcrest Family Physicians, PA	Provide	r Number:	001672700
(100 W. Calfer I also II'alassa	Fiscal	Date: Year End:	10/01/2010 N/A
6199 W. Gulf to Lake Highway		dit Status:	N/A
Crystal River, FL 34429			
Provider Type:	Current Rat	e New Rate	Effective Date
X Rural Health Clinic	\$74.44	\$74.81	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider	:		
#651 Routine Home Care	. !	-	
#652 Continuous Home Care			
#655 Inpatient Respite Care	1.00		
#656 General Inpatient Care			
#659 Room and Board			
Basis:	Rate Type :		
	•		
Budget	X Prospective		
Unaudited costs Desk audited costs	Total Prospective Prospective Adjusted for	· New Costs	
Field audited costs	Trospective Aujusted for	new costs	
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
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	W. Rydell Samuel, A		
	Medicaid Cost Reimburs	ement Analysis	•
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
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For information Only (No Change in rate)			



Tri County Primary Care, Inc. Tri County Primary Care - Dixie Co. 306 NE Hwy 351 Cross City, FL 32628		Provider I Fiscal Y Audi	Date:	001768600 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.62	\$73.99	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 Neerim nt based on costs	ministrator	P
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	Medica	id Cost Reimbursen	nent Analysis	



Access Health Care - Lake Panasoffkee	Provider Number: 002070		
Treess freath care bake ranasimee		Date:	10/01/2010
1310 N. County Road 470	Fiscal Y		N/A
Lake Panasoffkee, FL 33538	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.63	\$74.00	10/01/2010
Swing-Bed Provider		440	
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			1
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Nonterim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	lministrator	F.
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Access Health Care - Beverly Hills		Provider l		002070600
(070))		Fiscal Y	Date:	10/01/2010 N/A
6279 N. Lecanto Hwy			t Status:	N/A
Beverly Hills, FL 34465				,
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.63	\$74.00	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		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		
<u>Distribution:</u>		/dell Samuel, Ad uid Cost Reimburser		
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		<u>rs</u>
Wakulla Urgent Care and Diagnostic Ctr PLC	Provider 1	002074400	
	Fiscal Y	Date:	10/01/2010 N/A
2615 Crawfordville Hwy, Suite 103		t Status:	N/A N/A
Crawfordville, FL 32327			
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.63	\$74.00	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 Distribution: Fiscal Agent	X	ministrator	T.
Fiscal Agent Contract Management Permanent File Program Development:			
For information Only (No Change in rate)			



ivieuicaia Reimbursemei	. rer L	Hem Rates			
Sun n Lake Medical Group - Lake Placid			Provider 1		002335400
711 W . 7 . 1 1 . D. 1			Fiscal Y	Date:	10/01/2010 N/A
511 West Interlake Blvd.				t Status:	N/A N/A
Lake Placid, FL 33852			1100		17/71
Provider Type:	· 	.4.110	Current Rate	New Rate	Effective Date
X Rural Health Clinic			\$73.63	\$74.00	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	<u>x</u> <u>x</u>	Prospe interim Total Inte	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			vdell Samuel, Ad aid Cost Reimbursen		R'
For information Only (No Change in rate)					



Medicaid Reimbursemei	it Per Diem Rates		-	
Beaches Family Practice		Provider 1		029500100
		Fiscal Y	Date:	10/01/2010
230 S.Hwy 79			t Status:	N/A N/A
Panama City Beach, FL 32413		Tiddi		14/71
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic	-	\$77.36	\$77.75	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider			1/477	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	•	:		
#659 Room and Board				
Basis:	Rate Type :			
D. I	X Prospectiv			
Budget Unaudited costs	·	rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs		•		
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Into			
Average Nursing Home Rate	Settlemen	nt based on costs		
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	W. Ry	dell Samuel, Ad aid Cost Reimburser	ministrator	}
	Wiedica	na cost remourser	nent ruidiyap	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				
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Medicaid Reimbursemen	nt Per I	nem Kai				
Trenton Medical Center					029506000	
			Fiscal	Van	Date:	10/01/2010
911 S. Main St					status:	N/A N/A
Trenton, FL 32693			7 10	uuit k	iuius.	14/11
Provider Type:			Current Rat	te l	New Rate	Effective Date
X Rural Health Clinic			\$79.2	2	\$79.62	10/01/2010
Swing-Bed Provider			:			
Federally Qualified Health Centers						
Hospice Provider						
#651 Routine Home Care			:			
#652 Continuous Home Care						<u>:</u>
#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 X	Pros Interim Total I	tive I Prospective pective Adjusted fo		/ Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			Rydell Samuel, icaid Cost Reimbur			
For information Only (No Change in rate)						



Medicaid Reimbursemer	it Per Diem Rates			
Advent Christian Home		Provider 1		029511600
22720 PI. Cim.I. D.		Fiscal Y	Date: ear End:	10/01/2010 N/A
23730 Park Circle Dr			t Status:	N/A
Dowling Park, FL 32064		·		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.65	\$73.01	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	ProspeInterimTotal Inte	Prospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		
For information Only (No Change in rate)				



Frostproof Family Center	Provide	r Number:	029850600
	T: 1	Date:	10/01/2010
205 N. Scenic Hwy		Year End: dit Status:	N/A
Frostproof, FL 33843	Au	un status.	N/A
Provider Type:	Current Rat	New Rate	Effective Date
X Rural Health Clinic	\$76.14	\$76.52	10/01/2010
Swing-Bed Provider	<u> </u>		
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			<u>:</u>
#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	Interim		
Medicare - Prospective X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, A Medicaid Cost Reimburs		
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimburse	ment Per Diem Rate	<u>s 101 Non-Institut</u> Provider 1		060245101
Acorn Rural Health Clinic		Tiovider	Date:	10/01/2010
23320 North State Road 235		Fiscal Y		N/A
Brooker, FL 32622		Audi	t Status:	N/A
Provider Type:	· · · · · · · · · · · · · · · · · · ·	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.61	\$76.99	10/01/2010
Swing-Bed Provider		<u>:</u>		***
Federally Qualified Health Centers		:	_ ,	i
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	Prospe	ective Adjusted for N	lew Costs	
Field audited costs	T4			
Medicare - Prospective X Payment System Rate	Interim Total In	terim		
Average Nursing Home Rate		ent based on costs		
<u> </u>		ydell Samuel, Ac		R
Distribution:				
Fiscal Agent				
Contract Management				÷
Permanent File Program Development:				
Hogiam Development.				
For information Only (No Change in rate)			



	It Fer Diem Rates for Non-Institut		
Kid's Care Pediatrics	Provider 1	Number: Date:	063363101
(010 OLLW 10D D.)	Fiscal V	Ear End:	10/01/2010 N/A
6910 Old Wolf Bay Rd		it Status:	N/A
Palatka, FL 32177			- ·· · · · · · · · · · · · · ·
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$77.82	\$78.21	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care	A STATE OF THE STA		
#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 N	lew Costs	
Field audited costs Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ac Medicaid Cost Reimburser		
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File Program Development:			
Program Development.			
Car information Only (No Change in mote)			
For information Only (No Change in rate)			



Family Practice Center of Avon Park	Provider	Provider Number: 064261401 Date: 10/01/2010			
1006 W. Pleasant St		Fiscal Year End: N/A			
Avon Park, FL 33825	Aud	Audit Status: N/A			
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$76.44	\$76.82	10/01/2010		
Swing-Bed Provider					
Federally Qualified Health Cen	ters				
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care			A COURT		
#656 General Inpatient Care					
#659 Room and Board	<u></u>		•		
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 Management Date on Costs W. Rydell Samuel, Additional Medicaid Cost Reimburse	lministrator	· · · · · · · · · · · · · · · · · · ·		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in	ı rate)				



Heartland Pediatrics of L.W.		Provider l	Number: Date:	
1356 State Road 60 East		Fiscal Y		N/A
Lake Wales, Fl 33853		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.07	\$69.42	10/01/2010
Swing-Bed Provider			l .	
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	Prospective ctive Adjusted for N	ministrator	······································
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



	Provider 1		253535101		
Heartland Pediatrics of L.P	Date: 10/01/201				
305 US Hwy 27 South	Fiscal Year End: N/A				
Lake Placid, Fl 33852	Audi	t Status:	N/A		
Provider Type:	Current Rate	Effective Date			
X Rural Health Clinic	\$69.06	\$69.41	10/01/2010		
Swing-Bed Provider		·			
Federally Qualified Health Centers	, , , , , , , , , , , , , , , , , , ,				
Hospice Provider			:		
#651 Routine Home Care		N-VECK II			
#652 Continuous Home Care		<u></u>	:		
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Dasis.	Kate Type.				
Budget	X Prospective				
Unaudited costs	X 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				
Average Nuising Home Rate	Settlement based on costs				
	W. Dudall Samual Ad	ministrator	R/		
	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		[
<u>Distribution:</u>					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



<u> vieutcaiu Keinibursemen</u>	t Fel Diem Rates for Non-Ins	Ituuonai 1 10viuc	<u>,15</u>
Physician Care, P.A.	Provider Number: 258 Date: 10/0		
	T'	10/01/2010	
132 East Madison Street	Fisca	N/A N/A	
Starke, FL 32091	F	Audit Status:	IN/A
Provider Type:	Current R	ate New Rate	Effective Date
X Rural Health Clinic	\$69.	50 \$69.85	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	X Prospective 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 cos	ts	
			R/
	W. Rydell Samuel		
	Medicaid Cost Reimb	ursement Analysis	•
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Wiedkald Kelmbursement	Tel Diem Rates for Non-Institut			
MJS Trust	Provider Number: 25971520			
2550 110 25 21 11	Date: 10/01/201 Fiscal Year End: N/A			
3750 US 27 North	•	t Status:	N/A N/A	
Sebring, FL 33870				
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$74.21	\$74.58	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 Distribution: Fiscal Agent Contract Management	Rate Type: X Prospective X Total Prospective Prospective Adjusted for North Interim Total Interim Settlement based on costs W. Rydell Samuel, Add Medicaid Cost Reimbursen	ministrator	P	
Permanent File Program Development: For information Only (No Change in rate)				



Medicaid Reimbursemei	it Per Diem Rates for Non-Institut	ionai Provide	<u>rs</u>
Sebring Medical Walk-In Clinic	Provider Number: 259 Date: 10/0		
	Fiscal Y	10/01/2010	
343 South Commerce Ave	Audi	N/A N/A	
Sebring, FL 33870	. 1100	at Butus.	19/74
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$70.69	\$71.04	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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	<u>.</u>	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser		
For information Only (No Change in rate)			



Wauchula HMA Physician Management Pioneer Medical 515 Carlton St Wauchula, FL 33873	Fiscal Y	Provider Number: Date: Fiscal Year End: Audit Status:	
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.64	\$74.01	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	Prospective Total Prospective Prospective Adjusted for Materim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	lministrator	<u>F</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



<u>Medicaid Reimbursement r</u>	er Diem Rates			
Children's Medical Clinic				370861601
		Fiscal Y	10/01/2010 N/A	
789 W. Duval St			t Status:	N/A N/A
Lake City, FL 32055		11441		14/14
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic	·	\$68.91	\$69.25	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 Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	rospective ctive Adjusted for N	lministrator	Fr.
For information Only (No Change in rate)				



<u>Medicaid Reimbursemen</u>	nt Per Diem Rates for Non-Institut	ionai i iovide	15	
Children's Medical Center	Provider Number: 3708616			
	Date: 10/01/			
1002 11th Street SW	Fiscal Year End: N Audit Status: N			
Live Oak, FL 32064	Audi	i Status.	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$68.91	\$69.25	10/01/2010	
Swing-Bed Provider		Mar / T		
Federally Qualified Health Centers				
Hospice Provider		- AAA 81 *		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		E4477		
#656 General Inpatient Care		··-	· · · · · · · · · · · · · · · · · · ·	
#659 Room and Board			<u></u>	
Basis:	Rate Type :			
	X Prospective			
Budget Unaudited costs	X Prospective Total Prospective			
Desk audited costs	Prospective Adjusted for N	lew Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
			R/	
	W. Rydell Samuel, Ad			
	Medicaid Cost Reimburser	nent Analysis		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Jack M. Matheny RHC		Provider 1	Number: Date:	372143401 10/01/2010	
205 Zeagler Drive, Suite #101		Fiscal Y		N/A	
Palatka, FL 32177		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$77.82	\$78.21	10/01/2010	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care			41/		
#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:	Interim Total Inte Settlemen W. Ry	ospective tive Adjusted for N	ministrator		
Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)					
1 of miormation only (110 change in tale)					



Milla Pediatrics	T C DIGIN X WOOD SO	Provider 1	Number: Date:	375159701 10/01/2010
1847 S.W. Barnett Way		Fiscal Y		N/A
Lake City, FL 32025		Audi	t Status:	N/A
Provider Type:	C	urrent Rate	New Rate	Effective Date
X Rural Health Clinic	- :	\$77.04	\$77.43	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	Rate Type: X Prospective X Total Prospective Prospective Interim Total Interim	e Adjusted for N	lew Costs	
Average Nursing Home Rate	Settlement ba			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)	•			



Wedicaid Reimbursemen	it I et Diem Rates	Provider 1		
Primary Care Associates		Provider	Date:	377429503 10/01/2010
1550 South Water Street	Fiscal Year End:			N/A
Starke, Fl 32091		Audi	t Status:	N/A
·				
Provider Type:		Current Rate		Effective Date
X Rural Health Clinic		\$72.04	\$72.40	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers			41.50	
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	ministrator	<u>F</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Sebring Pediatrics	Provider Number: 377682401 Date: 10/01/2010			
1550 Lakeview Dr.	Fiscal Year End: N/A			
Sebring, FL 33870		t Status:	N/A	
	······································			
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$72.76	\$73.12	10/01/2010	
Swing-Bed Provider	- W 10			
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				
· · · · · · · · · · · · · · · · · · ·	:			
Basis:	Rate Type :			
	<u> </u>			
Budget	X Prospective			
Unaudited costs	X Total Prospective	ou. Coata		
Desk audited costs Field audited costs	Prospective Adjusted for N	ew Costs		
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
			 /	
	W. Rydell Samuel, Ad	ministrator		
	Medicaid Cost Reimbursen			
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Shoreline Medical Group	Provider Number: 377827401 Date: 10/01/2010			
419 Baltzell Avenue	Fiscal Year End: N/A			
Port St. Joe, FL 32456	Audit Status: N/A			
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$76.24	\$76.62	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 Distribution: Fiscal Agent Contract Management Permanent File	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Notal Interim Total Interim Settlement based on costs W. Rydell Samuel, Add Medicaid Cost Reimbursen	ministrator	**	
Program Development: For information Only (No Change in rate)				



James B. Craven RHC	Provider Number: 660010700 Date: 10/01/2010			
P.O. Box 800				N/A
Chipley, FL 32428		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.64	\$72.00	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 Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	Prospective ctive Adjusted for N	ministrator	~
For information Only (No Change in rate)				



<u>Medicaid Reimbursement</u>	rer Dieili Kates ioi			
Heartland Pediatric Associates		Provider 1		660018200
	Date:			10/01/2010
2523 U.S. Highway 27 So Suite #100	Fiscal Year End: Audit Status:			N/A N/A
Avon Park, FL 33825		Auui	i Status.	N/A
Provider Type:	C	urrent Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.21	\$73.58	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider		all freed on the second		
#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 Pros	pective		
Desk audited costs	Prospective	e Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Interim			
	Settlement ba	ased on costs		
	W 5 1	11.0	h	F ./
		ll Samuel, Ad Cost Reimbursen		
	1/10010010		······································	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Heartland Pediatric Associates 1125 South 6th Avenue Wal-Mart Complex Wauchula, FL 33873		Provider I Fiscal Y	Number: Date:	660018201 10/01/2010 N/A N/A
Provider Type:	<u></u>	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.24	\$69.59	10/01/2010
Swing-Bed Provider				;
Federally Qualified Health Centers	4000			:
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 Piscal Agent Contract Management Permanent File	Interim Total Inte	rospective ctive Adjusted for N	ministrator	
Program Development: For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	HIL FEE Diein Rates Ioi	r Mon-Institut	ionai i tovide	<u>15</u>
Jay Medical Center		Provider l		660022100 10/01/2010
		Date:		
14088 Alabama St		Fiscal Year End: Audit Status:		
Jay, FL 32565		Audi	t Status:	N/A
Provider Type:	. C	urrent Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.46	\$79.86	10/01/2010
Swing-Bed Provider	:	DATE:	, , , , , , , , , , , , , , , , , , ,	
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				!
#652 Continuous Home Care		~		Note: 10 - 11 - 11 - 12 - 12 - 12 - 12 - 12 -
#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	e Adjusted for N	lew Costs	
Field audited costs	* .			
Medicare - Prospective X Payment System Rate	Interim Total Interim			
Average Nursing Home Rate	Settlement ba			
	W. Ryde	ll Samuel, Ad	ministrator	R/
		Cost Reimburser		/ _
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Physicians Partners Network	Provider 1	Provider Number: 6600247 Date: 10/01/20		
605 Lamar Ave	Fiscal Y	Fiscal Year End:		
Brooksville, FL 34601	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$76.11	\$76.49	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health	Centers			
Hospice Provider	:			
#651 Routine Home Care				
#652 Continuous Home C	Care			
#655 Inpatient Respite Ca	are			
#656 General Inpatient C	are			
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs	X Total Prospective			
Desk audited costs Field audited costs	Prospective Adjusted for N	lew Costs		
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
	W. Rydell Samuel, Ad Medicaid Cost Reimbursen			
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Char	ge in rate)			



Community Medical CtrDeland	Provider Number: 660026300 Date: 10/01/2010					
1190 North Stone Street	Fiscal Year End:					
Deland, FL 32720	Audit Status: N/A					
Provider Type:	Current Rate	Current Rate New Rate				
X Rural Health Clinic	\$78.88	\$79.27	10/01/2010			
Swing-Bed Provider						
Federally Qualified Health Centers		AV				
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 Average Nursing Home Rate Contract Management Permanent File Program Development:	Rate Type : X	ministrator				
For information Only (No Change in rate)						



<u>Medicaid Reimbursemen</u>	it Per Diem Kate			
Comm. Medical CtrOrange Cty.				660026302 10/01/2010
810 Commed Boulevard Suite C		Fiscal Year End:		
Orange City, FL 32763		Audi	t Status:	N/A N/A
		,		
Provider Type:		Current Rate	Effective Date	
X Rural Health Clinic		\$74.02	\$74.39	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 :	1		
		J		
Budget	X Prospect			
Unaudited costs		Prospective	Inna Canta	
Desk audited costs Field audited costs	Prosp	ective Adjusted for N	iew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total In	terim		
Average Nursing Home Rate	Settleme	ent based on costs		·
				7 /
	W. R	ydell Samuel, Ad	ministrator	g v
	Medic	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>wiedicaid Reimbursemei</u>	it Per Diem Rates io			<u>18</u>
N. Fl. Pediatrics RHC	Provider Number: 66002710			
	Date: 10/01/2			
4316 Fifth Avenue	Fiscal Year End: N/A Audit Status: N/A			
Marianna, FL 32446		Audi	i Status.	IN/A
Provider Type:	C	urrent Rate	Effective Date	
X Rural Health Clinic	· · · · · · · · · · · · · · · · · · ·	\$77.82	\$78.21	10/01/2010
Swing-Bed Provider	· .		_	,
Federally Qualified Health Centers				
Hospice Provider) I form		
#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 Prospective			
Unaudited costs	X Total Pros	pective		
Desk audited costs		e Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement ba	ased on costs		
			<u>l</u>	Z /
		ll Samuel, Ad		
	Medicaid	Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
Partial Control (No Change is note)				
For information Only (No Change in rate)				



Geoffrey Roberts D.O., P.A.		Provider 1		660031000 10/01/2010
		Date: Fiscal Year End:		
756 N. Suncoast Boulevard			t Status:	N/A N/A
Crystal River, FL 34429				14/11
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.14	\$76.52	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				:
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	K
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Century Medical Center	Provider Number: Date:		660034400 10/01/2010		
PO Box 400		Fiscal Year End:			
Century, FL 32535	Audit Status: N/A				
Provider Type:	Current Rate	Current Rate New Rate			
X Rural Health Clinic	\$76.52	\$76.90	10/01/2010		
Swing-Bed Provider		A440			
Federally Qualified Health Centers			: :		
Hospice Provider					
#651 Routine Home Care	:	West	:		
#652 Continuous Home Care	:				
#655 Inpatient Respite Care	;				
#656 General Inpatient Care			<u> </u>		
#659 Room and Board					
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 W. Rydell Samuel, Add	ministrator	·····		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	Medicaid Cost Reimburser				



Mohammad Yunas, M.D. RHC 404 East Hwy 90 Pariform Fl. 22425		Provider I Fiscal Y Audi	Date:	660039500 10/01/2010 N/A N/A
Bonifay, FL 32425				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.82	\$78.21	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		i		
#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	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		
For information Only (No Change in rate)				



Medicaid Reimburseme	ent Per Diem Rates for Non-Institu	<u>tional Provide</u>	<u>rs</u>
PAK Rural Health Clinic	Provider Number: 6600		
	Pincel V	Date: Fiscal Year End:	
1376 Brickyard Rd		it Status:	N/A N/A
Chipley, FL 32428	Tiuu	IVA	
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.29	\$75.67	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers		A Merci	
Hospice Provider			
#651 Routine Home Care		de de -	
#652 Continuous Home Care		- A1 W	
#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 1	New Costs	
Field audited costs Medicare - Prospective	Interim		
X Payment System Rate	 Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ad Medicaid Cost Reimburse		
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File Program Development:			
Hogiam Development.			
For information Only (No Change in rate)			
Tot intolliation only (110 change in tale)			



Medicaid Reimbursemen	t Per Diem Rates for Non-Institut	onal Provide	<u>rs</u>	
Ikram U. Qureshi RHC	Provider Number: Date:		660041701 10/01/2010	
812 S. Weeks St	Fiscal Ye	ear End:	N/A	
Bonifay, FL 32425	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$75.29	\$75.67	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 Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad Medicaid Cost Reimbursen	ministrator		
For information Only (No Change in rate)				



Louis J Radnothy, D.O., P.A.	Provider Number: 660044100				660044100
D.O. D		Date: Fiscal Year End:			10/01/2010 N/A
P.O. Drawer 2325 Umatilla, FL 32784				it Status:	N/A
Omatina, FL 32764	= -				- :
Provider Type:	: •		Current Rate	New Rate	Effective Date
X Rural Health Clinic			\$79.05	\$79.45	10/01/2010
Swing-Bed Provider			:		
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care			. <u> </u>	1-11.4	
#655 Inpatient Respite Care					Later to the state of the state
#656 General Inpatient Care		,		- MARCO	
#659 Room and Board					
7007 100711					
Basis:	Rate	Type:	·— ···································		
Budget	<u> X</u>	Prospectiv			
Unaudited costs Desk audited costs	<u>X</u>	_	rospective ctive Adjusted for I	New Costs	
Field audited costs		_ 1103pc	otivo riajastoa for r	ion costs	
Medicare - Prospective	In	terim			
Average Nursing Home Rate		Total Inte	erim nt based on costs		
		. Settlemei	it based on costs		
			dell Samuel, Ad		
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 for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>	
Richard A. Campbell RHC	Provider Number: 6600			
	m. 132	10/01/2010		
105 Tomoka Boulevard South	Fiscal Y	N/A		
Lake Placid, FL 33852	Auui	t Status:	N/A	
Provider Type:	Current Rate	Current Rate New Rate		
X Rural Health Clinic	\$77.47	\$77.86	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider	<u></u>			
#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	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, Ad Medicaid Cost Reimburser			
For information Only (No Change in rate)				



Wimauma Family Health Center	Provider Number: Date:		660052200 10/01/2010	
5121 State Rd 674		ear End:	N/A	
Wimauma, FL 33598	Aud	it Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.66	\$74.03	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider	Apr 61			
#651 Routine Home Care		40.4		
#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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Management Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	lministrator		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Children's Clinic	Provider Number: 6600531 Date: 10/01/20		
1100 N. Main St	Fiscal Y	N/A	
Belle Glade, FL 33430	Aud	N/A	
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$77.82	\$78.21	10/01/2010
Swing-Bed Provider	ψ//•02	4,012 1	10,01,2010
Federally Qualified Health Centers	#15 VIII		
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 1	New Costs	
Field audited costs	Texture		
Medicare - Prospective X Payment System Rate	Interim Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ad Medicaid Cost Reimburse	dministrator	
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



	Drawidar		660054900
Marion RHC dba Forest Family Health	Provider Number: 660054 Date: 10/01/2		
15932 E. 40	Fiscal Year End: N/A		
Silver Springs, FL 34488	Audi	it Status:	N/A
Provider Type:	Current Rate New Rate Effecti		
X Rural Health Clinic	\$76.74	\$77.12	10/01/2010
Swing-Bed Provider	Ψ,ο		10,01,2010
Federally Qualified Health Centers			
			
Hospice Provider #651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care		<u> </u>	
#659 Room and Board	<u></u>		·
	· <u></u>	.	· · ·
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs	Tudania		
Medicare - Prospective X Payment System Rate	Interim Total Interim		
Average Nursing Home Rate	Settlement based on costs		
			7
	W. Rydell Samuel, Ad	lministrator	
	Medicaid Cost Reimburser		
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
Partia former stiere On the Old Channel in 1992			
For information Only (No Change in rate)			



<u>Medicaid Reimbursemen</u>	it Fei Diem Rates		·	<u>15</u>
Ahmad T. Ismail RHC		Provider 1		660056500
		Fiscal Y	Date:	10/01/2010
110 E. Byrd Avenue			t Status:	N/A N/A
Bonifay, FL 32425		Audi	t Otatas.	IVA
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$68.58	\$68.92	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		<u> </u>		: : :
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 aid Cost Reimburser		
For information Only (No Change in rate)				



Medicaid Reimbursemei	nt Fer Diem Rate	·		660062000
Bushnell Family Practice Ctr.				10/01/2010
117 W. Belt Ave Suite A		Fiscal Year End:		
			t Status:	N/A N/A
Bushnell, FL 33513				
Provider Type:	·	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.37	\$75.75	10/01/2010
Swing-Bed Provider		1		
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 In Settlem W. F	ive Prospective ective Adjusted for N terim ent based on costs	lministrator	R.
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medi	caid Cost Reimburser	nent Analysi	7
For information Only (No Change in rate)				



Meena Nathan Medical Center	III I CI DICIII Rates	Provider 1		660065400
Meena Naman Medical Center				10/01/2010
840 South Bea Avenue				N/A
Inverness, Fl 34452		Audi	t Status:	N/A
		G 4B4	N. D. 4	E.C. A. D.A.
Provider Type:	· · · · · ·	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.97	\$72.33	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	Iow 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		R'
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Florida Family Rural Hlth. Care	it i ei Diem Rate.	Provider Number: 660069			
		Date: Fiscal Year End:		10/01/2010 N/A	
2398 N. Beach Drive, Suite 100			t Status:	N/A N/A	
Avon Park, Fl 33825					
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$76.61	\$76.99	10/01/2010	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care	- 1				
#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	Interim Total Int Settleme W. R	Prospective ective Adjusted for N	lministrator		
Distribution: 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>
Express Care of Belleview, Inc		Provider 1		660070100
		Fiscal Y	Date:	10/01/2010 N/A
10762 S US Highway 441			t Status:	N/A N/A
Belleview, Fl 34420				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.88	\$77.26	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				•
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	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Nature Coast Family Medical Nature Coast Family 3400 North Lecanto Highway Suite A Beverly Hills, Fl 34464	Date: 10/01/2 Fiscal Year End: N/2			660071900 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.64	\$74.01	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 Int	ve Prospective ective Adjusted for N erim nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ydell Samuel, Ad aid Cost Reimburser		



Rajendra P. Bellam, M.D. RHC Rajendra Bellam MD - DUNNELLON 11707 N. Williams Street Suite #3 Dunnellon, Fl 34432			660072700 10/01/2010 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.20	\$75.58	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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburse	dministrator	K
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	<u>ional Provide</u>	rs
Charles S. Li, M.D., P.A. RHC	Provider Number: 66007510		
	T. 1.77	Date:	10/01/2010
7647 W. Gulf to Lake Highway	Fiscal Y	ear End: t Status:	N/A
Crystal River, Fl 34429	Audi	i Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$72.53	\$72.89	10/01/2010
Swing-Bed Provider	:		
Federally Qualified Health Centers	:		
Hospice Provider			<u> </u>
#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		
	tal Prospective		
	ospective Adjusted for N	ew Costs	
Field audited costs			
Medicare - Prospective Interim			
Assessed Name of Linear Date	Interim		
	ement based on costs		
		h	R/
	. Rydell Samuel, Ad edicaid Cost Reimbursen		
1414	dicard Cost Reimoursen	icht Analysip	
Distribution:			
Fiscal Agent			
Contract Management Permanent File			
Program Development:			
-			
For information Only (No Change in rate)			



<u>Medicaid Reimbursemei</u>	it Per Diem Rates for Non-Institu		
Charles S. Li, M.D., P.A. RHC	Provider		660075101
10400 N. Fil. 11. 4	Fiscal V	Date: Year End:	10/01/2010 N/A
10489 N. Florida Ave		it Status:	N/A
Citrus Springs, Fl 34434		p	-
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$72.53	\$72.89	10/01/2010
Swing-Bed Provider		J	·
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 Distribution: Fiscal Agent Contract Management Permanent File	X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs W. Rydell Samuel, A Medicaid Cost Reimburse	dministrator	
Program Development: For information Only (No Change in rate)			



<u> </u>	er Diem Rates for Non-Insti		660076000
WFMA - Beverly Hills Med. Ctr Alugubelli & Patel, MD, PA	FIOVIG	Provider Number: 6600760 Date: 10/01/20	
3745 N. Lecanto Highway	Fisca	l Year End:	N/A
Beverly Hills, FL 34465	A	udit Status:	N/A
Provider Type:	Current Ra	Current Rate New Rate	
X Rural Health Clinic	\$76.1	4 \$76.52	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			
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		 /
<u>Distribution:</u> Fiscal Agent	W. Rydell Samuel, Medicaid Cost Reimbu		
Contract Management Permanent File Program Development:			
For information Only (No Change in rate)			



<u>Medicaid Reimbursemen</u>	it Per Diem Rates for Non-Institu		
Comprehensive Management Systems	Provider		660077800
Community Medical RHC	TO: 1.70	Date:	10/01/2010
707 60th Court East		ear End:	N/A
Bradenton, Fl 34208	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$78.47	\$78.86	10/01/2010
Swing-Bed Provider		AMALETT.	
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			
Basis:	Rate Type:		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ac Medicaid Cost Reimburse		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only (No Change in rate)			



Palm Glades Rural Health Assoc	Provider Number: Date:		660087500 10/01/2010	
217 W. Avenue "A"	Fiscal Y		N/A	
Belle Glade, Fl 33430	Audi	t Status:	N/A	
Provider Type:	Current Rate	Current Rate New Rate E		
X Rural Health Clinic	\$75.67	\$76.05	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider	-			
#651 Routine Home Care			:	
#652 Continuous Home Care		<u>.</u>	i	
#655 Inpatient Respite Care	:		:	
#656 General Inpatient Care				
#659 Room and Board				
Desk audited costs Field audited costs Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate Settle	ective al Prospective spective Adjusted for N Interim ment based on costs	<u>l</u>	 R	
	Rydell Samuel, Addicaid Cost Reimbursen			



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 Wellness Center, Inc	Provide	Provider Number: Date:	
13 W. Broadway		Year End:	N/A
Ft. Meade, Fl 33841	Au	dit Status:	N/A
Provider Type:	Current Rat	e New Rate	Effective Date
X Rural Health Clinic	\$74.66	\$75.03	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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs W. Rydell Samuel, A Medicaid Cost Reimburs	Administrator	· · · · · · · · · · · · · · · · · · ·
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Hernando Medio	cal Center	Refer Diem Ruses	Provider 1		660089100 10/01/2010
10489 N. Florida	a Ave.				N/A
Citrus Springs,			Audi	t Status:	N/A
Provider Type	:		Current Rate	New Rate	Effective Date
X Rural Hea	alth Clinic		\$74.69	\$75.06	10/01/2010
Swing-Bed	d Provider				
Federally	Qualified Health Centers			A. /	
Hospice P	rovider				
#651 Ro	outine Home Care			· · · · · · · · · · · · · · · · · · ·	
#6 52 Co	ontinuous Home Care			· ·	
#655 In	patient Respite Care				
#656 Ge	eneral Inpatient Care		1		
#659 Ro	oom and Board		:		
Basis:		Rate Type :			
Budget	1	X Prospectiv	re		
Unaud	ited costs		rospective		
·	udited costs udited costs	Prospec	ctive Adjusted for N	lew Costs	
	are - Prospective	Interim			
X Payme	nt System Rate				
Average	e Nursing Home Rate	Settlemer	nt based on costs		
			vdell Samuel, Ad		
Distribution: Fiscal Agent Contract Manag Permanent File Program Develo	gement				
For inform	nation Only (No Change in rate)				



David A. Miller, MD, PA Everglades Family Medicine		Provider Fiscal V	Number: Date: ear End:	660100600 10/01/2010 N/A
170 S. Barfield Hwy #102 Pahokee, FL 33476			it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.02	\$74.39	10/01/2010
Swing-Bed Provider		:		
Federally Qualified Health Cen	ters			
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 IntSettleme	Prospective setive Adjusted for Network Prospective Adjusted for Network Prospective Prosp		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in	Medica	ydell Samuel, Ac	/* +	



Lake Pediatrics	Provider 1	Number: Date:	660103100 10/01/2010
4880 N. Hwy 19A		ear End:	N/A
Mt. Dora, FL 32757	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.05	\$75.43	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 Adjusted for N Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser		
For information Only (No Change in rate)			



Raypar, Inc. Family Wellness Center 1064 North Broadway Avenue Bartow, FL 33830		Provider Number: Date: Fiscal Year End: Audit Status:		660109000 10/01/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.50	\$71.86	10/01/2010
Swing-Bed Provider			***	
Federally Qualified Health Centers		-	215128 977	
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 Inte	rospective ctive Adjusted for N	lew Costs	₽/
Dis <u>tribution:</u>		dell Samuel, Ad id Cost Reimbursen		
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Rural Medical Associates, Inc.	Provider Number: 660111100				
,	Date: 10/01/2				
411 N. Webster St	Fiscal Y	N/A			
Wildwood, FL 34785	Aud	it Status:	N/A		
Provider Type:	Current Rate	Current Rate New Rate			
X Rural Health Clinic	\$72.65	\$73.01	10/01/2010		
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care	- AM (#				
#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 Adjusted for 1	New Costs			
Medicare - Prospective	Interim				
X Payment System Rate	Total Interim				
Average Nursing Home Rate	Settlement based on costs				
			R/		
	W. Rydell Samuel, Ao Medicaid Cost Reimburse				
	Medicald Cost Reiniburse	iliciii Aliaiysip			
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					
					



Birth & Beyond, P.A.	Provide	Provider Number: Date:	
1326 SR 100		Year End:	N/A
Grandin, FL 32138	Aι	ıdit Status:	N/A
Provider Type:	Current Rat	e New Rate	Effective Date
X Rural Health Clinic	\$75.05	\$75.43	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 X	Prospective X Total Prospective Prospective Adjusted fo Interim Total Interim Settlement based on costs W. Rydell Samuel, Medicaid Cost Reimbur	Administrator	F
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



<u>Medicaid Reimbursemen</u>	it Per Diem Rates i	<u>or Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Family Medical Group(Babson Park)		Provider Number: 6601286		
		Fiscal Y	Date:	10/01/2010
105 Tomoka Blvd South			t Status:	N/A N/A
Lake Placid, FL 33852		71441		1 V A
Provider Type:		Current Rate New Rate		Effective Date
X Rural Health Clinic	:	\$77.49	\$77.88	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers		<u> </u>		<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 Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inter Settlement	ospective ive Adjusted for N	···	<u>K</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		l Cost Reimbursen		
For information Only (No Change in rate)				



<u>Medicald Reimbursement</u>	rer Diem Kates	<u>'</u>		
Family Medical Group(Sebring)		Provider 1	660129400	
		T!1 37	Date:	10/01/2010
3420 US 27 North		Fiscal Y	ear Eng: t Status:	N/A N/A
Sebring, FL 33870		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.77	\$76.15	10/01/2010
Swing-Bed Provider	- 1 minute (
Federally Qualified Health Centers				
Hospice Provider				: :
#651 Routine Home Care	· •		243/4	i :
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Dudast	X Prospectiv	· a		
Budget Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs		2		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	t based on costs		
			<u>I</u>	Z /
		dell Samuel, Ad		<u> </u>
	Medica	id Cost Reimbursen	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



ivieuicaid Keiniburseinei	it Per Diem Rates for Non-Institut		
Weirdale Family Health Center	Provider Number: 6601308 Date: 10/01/20		
	Eigen V	10/01/2010	
16400 S. Hwy 25		ear End: it Status:	N/A N/A
Weirdale, FL 32195	Auu	it Status.	18/74
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.51	\$75.89	10/01/2010
Swing-Bed Provider			· :
Federally Qualified Health Centers			
Hospice Provider			<u> </u>
#651 Routine Home Care	4.0.2	- <u>-</u> -	
#652 Continuous Home Care	A14-		: !
#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	X Prospective X Total Prospective Prospective Adjusted for Management Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	dministrator	
Program Development: For information Only (No Change in rate)			



Medicald Reimbulsemen	it I el Dicili Rates los			10
Oak Hill Medical	Provider Number: 66013			660132400
			Date:	10/01/2010
185A North Rt. 1, PO Box 373		Fiscal Ye		N/A
Oak Hill, FL 32759		Audi	t Status:	N/A
Provider Type:	: C 1	urrent Rate	Effective Date	
X Rural Health Clinic		\$73.79	\$74.16	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:	Rate Type :			
Budget	X Prospective			
Unaudited costs	X Total Prosp	•		
Desk audited costs	Prospective	e Adjusted for N	ew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Interim			
Average Nursing Home Rate	Settlement ba			
				·
	W Ryde	ll Samuel, Ad	ministrator	K
		Cost Reimbursen		
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



North Florida Pediatrics -Sneads	Provider Number: Date:		660135900 10/01/2010	
7997 Hwy 90	Fiscal Y		N/A	
Sneads, FL 32460	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$77.82	\$78.21	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 X Unaudited costs X Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate	Prospective Total Prospective Prospective Adjusted for N Interim Total Interim	lew Costs		
Average Nursing Home Rate	Settlement based on costs W. Rydell Samuel, Ad	lministrator	R/	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medicaid Cost Reimburser			
For information Only (No Change in rate)				



Andres R. Villar, M.D.		Provider 1	660140500	
DO D (0)		Fiscal Y	Date:	10/01/2010 N/A
P.O. Box 606			t Status:	N/A
Glen St. Mary, FL 32040		· · · · · · · · · · · · · · · · · · ·		r
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.38	\$74.75	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	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 Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
				\mathbb{Z}^{\checkmark}
		ydell Samuel, Ad		<u> </u>
	Medic	aid Cost Reimburser	nent Analysis	-
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	nt Per Diem Rates for Non-Institut		
Williston Pediatrics, PA	Provider Number: 66014		
	Einel V	Date:	10/01/2010
223 N. Main Street	Fiscal Y	ear Eng: t Status:	N/A
Williston, FL 32696	Audi	i Siaius.	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$61.55	\$61.86	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	i i		
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 W. Rydell Samuel, Ad Medicaid Cost Reimbursen	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only (No Change in rate)			



Rajendra P. Bellam, MD Rajendra P. Bellam, MD - INGLIS 41 N. Inglis Ave, PO Box 69 Inglis, FL 34449	Fiscal '	Number: Date: Year End: lit Status:	660142100 10/01/2010 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$59.27	\$59.57	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: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage 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: For information Only (No Change in rate)	W. Rydell Samuel, A Medicaid Cost Reimburse		



<u>Medicaid Reimbursement P</u>	er Diem Rates for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Doctor's Medical Ctr. of Walton County, PA	Provider 1	Provider Number: 6		
	Fiscal Y	Date:	10/01/2010	
21 West Main St		t Status:	N/A N/A	
DeFuniak Springs, FL 32435	7 Iuul	t Duitus.	IV/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$78.00	\$78.39	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		W-22-72-7		
#655 Inpatient Respite Care				
#656 General Inpatient Care	:			
#659 Room and Board				
Basis:	Rate Type :			
Budget X Unaudited costs	Y Prospective Total Prospective			
Desk audited costs	Prospective Adjusted for N	lew Costs		
Field audited costs		017 00313		
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
		<u></u>	Z v	
	W. Rydell Samuel, Ad			
	Medicaid Cost Reimbursen	nent Analysis	-	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicald Reimburseme	nt Fel Diem Rates for Non-Institut		
Bayline Medical Center, Inc.	Provider 1	660150200	
	Date:		10/01/2010
1581 Hwy 98 W	Fiscal Y		N/A
Carrabelle, FL 32322	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.33	\$73.70	10/01/2010
Swing-Bed Provider			· ·
Federally Qualified Health Centers			: :
Hospice Provider		****	
#651 Routine Home Care			:
#652 Continuous Home Care		n .	
#655 Inpatient Respite Care			
#656 General Inpatient Care			·
#659 Room and Board			: <u>!</u>
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X 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		
	W. Rydell Samuel, Ad	Iministrator	\mathbb{R}^{\prime}
	Medicaid Cost Reimburser		
Distribution:			
Fiscal Agent Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			
			



	Trer Diem Rates for Non-Institut		660151100
Andres R. Villar, M.D.	Provider Number: Date:		10/01/2010
P.O. Box 606	Fiscal Y	N/A	
Glen St. Mary, FL 32040	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
Provider Type:			
X Rural Health Clinic	\$74.38	\$74.75	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care		Mark Artic	
#652 Continuous Home Care		44.7	
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N	lew Costs	
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ad Medicaid Cost Reimburser		P.
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Health America Medical Ctr. of Wauchula	Provider		660154500
	Pissal V	Date:	10/01/2010
450 S. Main St		ear End: it Status:	N/A N/A
Labelle, FL 33935	/ tuu	n Status.	1 V /A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$54.44	\$54.71	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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for North Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	lministrator	<u> </u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Medicaid Reimburseme	nt Per Diem Rates for Non-Inst	<u>tituti</u>	<u>onal Provide</u>	<u>rs</u>
Andres R. Villar, M.D.	Provider Number: Date:		660160000 10/01/2010	
P.O. Box 606			ear End:	N/A
Glen Saint Mary, FL 32040	A	Audit	Status:	N/A
Provider Type:	Current R	ate	New Rate	Effective Date
X Rural Health Clinic	\$73.	91	\$74.28	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 Distribution: Fiscal Agent	Rate Type: X Prospective X Total Prospective Prospective Adjusted Interim Total Interim Settlement based on cost W. Rydell Samuel Medicaid Cost Reimbo	ts , Ad	ministrator	F.
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Tallahassee, Florida 32308

Rural Health Network of Monroe Co.	Provider Number: 6601618 Date: 10/01/20		
P.O. Box 500370	Fiscal Y		N/A
Marathon, FL 33050	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.85	\$74.22	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	i		·
#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 N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medicaid Cost Reimbursen		}
For information Only (No Change in rate)			



<u> </u>	t Fer Diem Rates for Non-Instit		660162600
Putnam Obstetrics & Gynecology, Inc.	Provide	Provider Number:	
Putnam Obstetrics & Gynecology	Figaal	Date:	10/01/2010
700 Zeagler Drive, Suite 10		Year End: dit Status:	N/A N/A
Palatka, FL 32177	At	iuit Status.	N/A
Provider Type:	Current Rat	e New Rate	Effective Date
X Rural Health Clinic	\$76.90	\$77.28	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	Rate Type: X Prospective X Total Prospective Prospective Adjusted fo Interim Total Interim Settlement based on costs	r New Costs	~ /
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, A Medicaid Cost Reimbur		
For information Only (No Change in rate)			



Philip Colaizzo, MD, PA	Provider	Provider Number: 66016		
	T. 1.	Date:		
170 S. Barfield Hwy		Tear End: lit Status:	N/A N/A	
Pahokee, FL 33476	Auc	in Status.	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$74.01	\$74.38	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	Prospective Adjusted for	New Costs		
Field audited costs	•			
Medicare - Prospective X Payment System Rate	Interim Total Interim			
Average Nursing Home Rate	Settlement based on costs			
	W. Rydell Samuel, A Medicaid Cost Reimburse			
Distributions				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Azael P. Borromeo, MD Lecanto RHC 2653 N. Lecanto Hwy. Lecanto, FL 34461	Provider Number: Date: Fiscal Year End: Audit Status:		660165100 10/01/2010 N/A N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.85	\$74.22	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 Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad Medicaid Cost Reimburser	lministrator (
For information Only (No Change in rate)				



Medicaid Reimbursemer	it Per Diem Rates	<u>for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Southern Family Healthcare, PA		Provider l		660167700
		71 1 1 1 7	Date:	10/01/2010
P.O. Box 692		Fiscal Y	ear End: t Status:	N/A
Chipley, FL 32428		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.61	\$72.97	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				:
#659 Room and Board	<u>.</u>			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inter Settlement W. Ryo	ospective tive Adjusted for N	ministrator	 K
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		
Emmanuel Christian HC - Clermont	Provider I	Number: Date:	660169300
	Fiscal Y	10/01/2010	
885 N. Powers Dr		t Status:	N/A N/A
Orlando, FL 32818	11001	. Status.	14/71
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.88	\$74.25	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	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, Ad Medicaid Cost Reimbursen		
For information Only (No Change in rate)			



<u>Medicaid Reimbursement Per Diem R</u>	lates for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Rural Health Network of Monroe Co., Fl., Inc St. Claires	Provider 1	Provider Number: Date:		
P.O. Box 500370	Fiscal Y		10/01/2010 N/A	
Marathon, FL 33050	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.86	\$74.23	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health Centers			:	
Hospice Provider				
#651 Routine Home Care		V 0		
#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 Average Nursing Home Rate W M	pective otal Prospective ospective Adjusted for N I Interim ement based on costs 7. Rydell Samuel, Ad edicaid Cost Reimbursen	ministrator	R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



D. 111 14 N. 4 and of Manage Co. El Iro. Duth bine			660171500
Rural Health Network of Monroe Co., Fl., Inc Ruth Ivins	5 Trovider 1	Provider Number: Date:	
P.O. Box 500370	Fiscal Y		N/A
Marathon, FL 33050	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.86	\$74.23	10/01/2010
Swing-Bed Provider	:		
Federally Qualified Health Centers	:		
Hospice Provider		<u></u>	
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: Rate Ty	pe:		
	<u>-</u>		
	pective		
	otal Prospective	Inc. Canta	
Desk audited costs Field audited costs	rospective Adjusted for N	iew Costs	
Medicare - Prospective Interin	1		
	al Interim		
	tlement based on costs		
			R
	V. Rydell Samuel, Ac dedicaid Cost Reimburser		
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Rural Health Network of Monroe Co., Fl., Inc MedVan2	Provider l	Provider Number: 660172300 Date: 10/01/2010			
MedVan 2	Fiscal Y		N/A		
P.O. Box 500370 Marathon, FL 33050		t Status:	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$73.86	\$74.23	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 Interi X Payment System Rate Average Nursing Home Rate Se	ospective Total Prospective Prospective Adjusted for N m otal Interim ttlement based on costs		·		
•	W. Rydell Samuel, Ad Medicaid Cost Reimburser		 		
For information Only (No Change in rate)					



Medicald Reimbursemen	nt Fer Diem Rates			
Children's Medical Center - Alachua	Provider Number: Date: Fiscal Year End:			660174000 10/01/2010
Children's Medical Center - Alachua				N/A
14681 N.W. Hwy 441			t Status:	N/A
Alachua, FL 32615				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.58	\$71.94	10/01/2010
Swing-Bed Provider				,
Federally Qualified Health Centers			<u>-</u> .	
Hospice Provider			-1	
#651 Routine Home Care				
#652 Continuous Home Care			A101	
#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	New Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
			1	$\mathbb{Z}^{/}$
		dell Samuel, Ac		<u>}</u>
	Medica	aid Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				•
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Williston Family Practice	Pro		Number: Date:	660176600 10/01/2010
111 West Noble Ave	Fi		ear End:	N/A
Williston, FL 32696		Audi	t Status:	N/A
Provider Type:	Current	Rate	New Rate	Effective Date
X Rural Health Clinic	\$7	73.86	\$74.23	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 Adjust	ted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on	costs		
	W. Rydell Sami Medicaid Cost Rei			R/
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Emmanuel Christian HC - Lady Lake	Provider l	Number: Date:	660178200 10/01/2010
918 Rolling Acres Rd	Fiscal Y	ear End: t Status:	N/A
Lady Lake, FL 32159	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.73	\$74.10	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 Distribution: Fiscal Agent Contract Management	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Add Medicaid Cost Reimburser	lministrator	R
Contract Management Permanent File Program Development:			
For information Only (No Change in rate)			



Sunrise Primary Care - Summit Ave	Provider l	Number: Date:	660181200 10/01/2010
811 N. Summit St	Fiscal Y		N/A
Crescent City, FL 32112	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.74	\$74.11	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider		A STATE OF THE STA	
#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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	Iew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		
For information Only (No Change in rate)			



Pediatrics in Brevard - Cocoa Beach Pediatrics in Brevard. PA 699 W. Cocoa Beach Cswy Suite 401 Cocoa Beach, FL 32931	Provider Number: Date: Fiscal Year End: Audit Status:		660182100 10/01/2010 N/A N/A	
Provider Type:	Current Rate New Rate		Effective Date	
X Rural Health Clinic	\$73.71	\$74.08	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider		-40		
#651 Routine Home Care		-444		
#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	Iew Costs		
Distribution: Fiscal Agent Contract Management	W. Rydell Samuel, Ad Medicaid Cost Reimburser	lministrator		
Permanent File Program Development: For information Only (No Change in rate)				



Pediatrics in Brevard - Hibiscus Pediatrics in Brevard. PA 1755 HIbiscus Blvd	Provider Number: Date: Fiscal Year End:		660183900 10/01/2010 N/A	
Melbourne, FL 32901		Audi	t Status:	N/A
Provider Type:	<u> </u>	Current Rate	Effective Date	
X Rural Health Clinic		\$73.71	\$74.08	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers	-	:		
Hospice Provider				
#651 Routine Home Care		:		
#652 Continuous Home Care		:		
#655 Inpatient Respite Care		:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
#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 Inte	Prospective ctive Adjusted for N	New Costs	P
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		
For information Only (No Change in rate)				



<u>Wiedicald Reimbursemen</u>	T Per Diem Rates for Non-Institut	ionai Provide	<u>rs</u>
Pediatrics in Brevard - Woods Dr	Provider Number: 660184		
Pediatrics in Brevard, PA		Date:	10/01/2010
134 S. Woods Dr	Fiscal Y		N/A
Rockledge, FL 32955	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.71	\$74.08	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			
<u> </u>			
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs	Interim		
Medicare - Prospective X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ad Medicaid Cost Reimburser		R'
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Pediatric Partners of Winter Haven		Provider l	Number: Date:	660185500 10/01/2010
409 E. Central Ave		Fiscal Y		N/A
Winter Haven, FL 33880		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.71	\$74.08	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	ve Prospective ctive 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)				



<u>Medicaid Reimbursemen</u>	t Per Diem Rates for Non-Institut		<u>18</u>
Pediatrics Associates of Lakeland	Provider Number: 6601 Date: 10/0		
	E' 137	10/01/2010	
2140 E. Edgewood Dr	Fiscal Y	N/A N/A	
Lakeland, FL 33803	Audi	t Status:	IN/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.71	\$74.08	10/01/2010
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care		Add 174	
#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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N 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)			



Medicaid Reimburseme	nt Per Diem Rates			<u>ers</u>
Sun 'Lake Medical Group, PA		Provider 1		660187100
Sun 'N Lake Medical Group		E: 137	Date:	10/01/2010
4958 Sun ' N Lake Blvd		Fiscal Y	ear End: t Status:	N/A
Sebring, FL 33872		Audi	t Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.85	\$74.22	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	Prospection Prospection	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		
For information Only (No Change in rate)				



Provide	Provider Number: 6601898 Date: 10/01/20 Fiscal Year End: N/A		
Au	dit Status:	N/A	
Current Rat	New Rate	Effective Date	
\$73.74	\$74.11	10/01/2010	
		:	
:			
InterimTotal InterimSettlement based on costs		X	
		I `	
	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs W. Rydell Samuel, A	Rate Type: X Prospective Yrospective Adjusted for New Costs Interim Total Interim Prosper End: Audit Status: New Rate New Rat	



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

Wiedicald Keimbursemen	it i el Diem Nates foi Non-institut			
Panhandle Family Medicine	Provider 1		660191000	
	77' 1.37	Date:	10/01/2010	
877 3rd St #4	Fiscal Year End: N/A Audit Status: N/A			
Chipley, FL 32428	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.73	\$74.10	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care	- A. (A			
#652 Continuous Home Care		AAPIN .	: ·	
#655 Inpatient Respite Care	LANGE M.			
#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				
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs		·	
			\mathbb{Z}	
	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		<u> </u>	
	Medicaid Cost Reinfoursen	ieni Anaiysip		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				
to moment only (110 online)				



Wiedicaid Reimbursemen	i i el Diem Rate			
Tri-County Primary Care, Inc.		Provider 1		660192800
		T) 137	Date:	10/01/2010
1535 E. Wade St		Fiscal Y		N/A
Trenton, FL 32693		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$60.21	\$60.51	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	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew 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 aid Cost Reimbursen		
Distribution:				
Fiscal Agent			•	
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Health Care Initiative - Citra FH		Provider 1		660194400 10/01/2010
17805 US Hwy 301 N.		Fiscal Y		N/A
Citra, FL 32113		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.71	\$74.08	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider			<u></u>	
#651 Routine Home Care				da diriya Arma
#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	Contra	
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	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 Reimbursemer</u>	it Per Diem Rates for Non-Ins	stitut	ional Provide	<u>rs</u>	
Three Rivers Medical	Provi	ider 1	Number: Date:	660195200	
	Γ'	10/01/2010 N/A			
208 Suwannee Ave		Fiscal Year End: Audit Status:			
Branford, FL 32005		Tudit Suitus.			
Provider Type:	Current R	late	New Rate	Effective Date	
X Rural Health Clinic	\$73	.73	\$74.10	10/01/2010	
Swing-Bed Provider				: 	
Federally Qualified Health Centers					
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	X Prospective				
Unaudited costs	X Total Prospective				
Desk audited costs	Prospective Adjusted	for N	lew Costs		
Field audited costs	Todonion				
Medicare - Prospective X Payment System Rate	Interim Total Interim				
Average Nursing Home Rate	Settlement based on co	sts			
	W. Rydell Samue Medicaid Cost Reimb			R/	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Garcia Medical Clinic	Provider Number: 660200200			
411 E Nalasa Assaura		Date: ear End:	10/01/2010 N/A	
411 E. Nelson Avenue Defuniak Springs, FL 32433			t Status:	N/A
Provider Type:	Ci	irrent Rate		Effective Date
X Rural Health Clinic		\$73.73	\$74.10	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: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Interim Total Interim Settlement ba W. Rydel	Adjusted for N	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Quintessential Health Services	Provider 1	 -	660201100 10/01/2010
6152 W. Corporate Oaks Dr	Fiscal Y		N/A
Crystal River, FL 34429	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.74	\$74.11	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	i		
#659 Room and Board			:
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage 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, Ad Medicaid Cost Reimbursen		P.
For information Only (No Change in rate)			



Chiefland Medical Center	Provider Number: 6602045 Date: 10/01/20			
1113 N. W. 23rd Ave		Fiscal Y		N/A
Chiefland, FL 32626		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.18	\$72.54	10/01/2010
Swing-Bed Provider			****	
Federally Qualified Health Centers				:
Hospice Provider				: :
#651 Routine Home Care				
#652 Continuous Home Care			· <u>-</u>	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				! <u></u>
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent	Interim Total Interin Settlement W. Ryd	ve Adjusted for N	lministrator	
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



The Medical Center LLC	Provider Number: Date:		660205300 10/01/2010	
20454 N.E. Finley Ave	Fiscal Y	N/A N/A		
Blountstown, FL 32424	Audi			
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.57	\$73.94	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				
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 W. Rydell Samuel, Adv.			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medicaid Cost Reimburser		/	
For information Only (No Change in rate)				



Clark Clinic		Provider 1	Number: Date:	660209600 10/01/2010
212 S. Florida St		Fiscal Y		N/A
Bushnell, FL 33513		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.53	\$73.90	·
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care		:	<u></u> ,	
#652 Continuous Home Care				
				:
#655 Inpatient Respite Care				
#656 General Inpatient Care #659 Room and Board				
#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	Prospective ctive Adjusted for N	lministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Medicaid Reimbursement	t Per Diem Rates for Non-Institut	<u>nonal Provide</u>	<u>rs</u>
Mohammad Afzal/Excel Pediatrics & Family C	are Provider		660212600
	Tr. 130	Date:	10/01/2010
711 Hwy 27 Suite E		ear End: it Status:	N/A N/A
Clermont, FL 34711	Auu	n Status.	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$53.65	\$53.92	10/01/2010
Swing-Bed Provider			.
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			<u>:</u>
#655 Inpatient Respite Care			
#656 General Inpatient Care	de Maria		
#659 Room and Board	:		
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for 1	New Costs	
Field audited costs			
Medicare - Prospective	Interim		
X Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs		
	Settlement based on costs		
	W. Rydell Samuel, Ad	Iministrator/	R
	Medicaid Cost Reimburse		
Distribution:			
Fiscal Agent Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			•



Children's Medical Center - Branford				660213400 10/01/2010	
122 S.W. Suwannee Ave					N/A
Branford, FL 32008			Audı	t Status:	N/A
Provider Type:		Cu	Piscal Year End: Audit Status: urrent Rate New Rat \$73.74 \$74.1	New Rate	Effective Date
X Rural Health Clinic			\$73.74	\$74.11	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	A	:			
#656 General Inpatient Care	··· ·· ·· ·· ·· ·	<u>:</u>			
#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	Adjusted for N	lew Costs	₽√
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>
Children's Medical Center - Newberry	Provider 1	Date:	660214200 10/01/2010 N/A N/A
PO Box 606	Fiscal Y		
Glen St Mary, FL 32040	Audi	t Status:	
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$71.63	\$71.99	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 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 W. Rydell Samuel, Add Medicaid Cost Reimburser	ministrator	K
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only (No Change in rate)			



Andres R. Villar M.D Children's Medical Center	Provider 1	Number: Date:	660215100 10/01/2010	
PO Box 606	Fiscal Y		N/A N/A	
Glen St Mary, FL 32040	Audi	t Status:		
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$73.07	\$73.44	10/01/2010	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider	:			
#651 Routine Home Care			· ·	
#652 Continuous Home Care		11.		
#655 Inpatient Respite Care				
#656 General Inpatient Care		<u> </u>	: !	
#659 Room and Board				
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Notal Interim Settlement based on costs	·····	R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		 	
For information Only (No Change in rate)				



Dwight Peter Tiu - Acute Care Pediatrics	Provider Number: 66			660218500 10/01/2010	
1301 Reid St PO Box 797		Fiscal Y		N/A	
Palatka, FL 32178		Audi	t Status:	N/A	
Provider Type:		Current Rate	Effective Date		
X Rural Health Clinic		\$73.53	\$73.90	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				: <u></u>	
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	ministrator		
For information Only (No Change in rate)					



_	<u>ledicaid Reimbursemen</u>	t Per Diem Rates			
Family Medical Group,	P.A.		Provider 1		660219300
405 m 1 m 1 m			Fiscal Y	Date:	10/01/2010 N/A
105 Tomoka Blvd Sout				t Status:	N/A N/A
Lake Placid, FL 3385	2		. 1444		
Provider Type:			Current Rate	New Rate	Effective Date
X Rural Health Cli	nic		\$73.53	\$73.90	10/01/2010
Swing-Bed Provi	der			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Federally Qualifi	ied Health Centers				:
Hospice Provider	r			- VII-10	
#651 Routine I	Home Care				1
#652 Continuo	us Home Care				
#655 Inpatient	Respite Care		:	<u> </u>	!
#656 General l	Inpatient Care				· i
#659 Room an	d Board				
Basis:	:	Rate Type:			
Budget		X Prospectiv	/e		
Unaudited costs	<u> </u>		rospective		
Desk audited co	osts	Prospe	ctive Adjusted for N	lew Costs	
Field audited co					
Medicare - Pros X Payment System		Interim Total Inte	veim.		
Average Nursing			nt based on costs		
			ydell Samuel, Ad aid Cost Reimburser		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information O	nly (No Change in rate)				



	it Per Diem Rates for Non-Ins			
DFS Walk-In Clinic	Provi	der N	Number: Date:	660220700
O.W. Orongo Axia Suita #1				10/01/2010 N/A
9 W. Orange Ave Suite #1 Defuniak Springs, FL 32435			t Status:	N/A
Defulliak Springs, FL 32433		· · · · · · · · · · · · · · · · · · ·		
Provider Type:	Current R	ate	New Rate	Effective Date
X Rural Health Clinic	\$73.	.53	\$73.90	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 :			
	V 1			
Budget	X Prospective			
Unaudited costs	X Total Prospective	C NI	Caata	
Desk audited costs Field audited costs	Prospective Adjusted	IOT NO	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on cos	sts		
			·····	7 /
	W. Rydell Samuel	l, Adı	ministrator	
	Medicaid Cost Reimb	ursem	ent Analysis	
Distributions				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



DJRJ2 Inc				660226600 10/01/2010
484 SW Commerce Drive Suite 105		Fiscal Y	N/A	
Lake City, FL 32025		Audi	N/A	
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.53	\$73.90	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider	ARREST MANAGEMENT AND ARREST MANAGEMENT AND ARREST ARR			<u> </u>
#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	rospective ctive Adjusted for N	ministrator	
For information Only (No Change in rate)				



Express Care of Belleview	Provider Number: 660230400 Date: 10/01/2010				
2500 Citrus Blvd		Fiscal Year End:			
Leesburg, FL 34748	Aud	Audit Status: N/A			
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$73.53	\$73.90	10/01/2010		
Swing-Bed Provider			·		
Federally Qualified Health Centers					
Hospice Provider	·	<u>, ,</u>			
#651 Routine Home Care		· · · <u>-</u> ·			
#652 Continuous Home Care		<u> </u>			
#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	Rate Type: X Prospective X Total Prospective Prospective Adjusted for I Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburse	dministrator	P.		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)					



Medicaid Reimbursemen	nt Per Diem Rates for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Dawn Rene, Inc	Provider 1		660232100	
	Figural V	Date:	10/01/2010	
3027 Main St	Fiscal Yo	ear End: t Status:	N/A N/A	
Vernon, FL 32462	Tradit Status. 14/71			
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$68.03	\$68.37	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	Prospective Adjusted for N	ew Costs		
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
		,,,,,,	7/	
	W. Rydell Samuel, Ad			
	Medicaid Cost Reimbursen	nent Analysis	•	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
,				
For information Only (No Change in rate)				



Medicaid Reimbursemer	it Per Diem Rate	-		<u>rs</u>
Jackson County Hospital		Provider 1		660233900
		E:1 W	Date:	10/01/2010
4318 5th Avenue		Fiscal Y	ear End: t Status:	N/A N/A
Marianna, FL 32446		Audi	i Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.48	\$73.85	10/01/2010
Swing-Bed Provider				
Federally Qualified Health Centers			at a de 14 17 1	
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	ective 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 Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Tallahassee, Florida 32308

Shafa Clinic, PA				660234700 10/01/2010		
609 5th St, Suite 3		Fiscal Year End: N/A				
Live Oak, FL 32064	Audit Status: N/A					
Provider Type:		Current Rate New Rate Effective				
X Rural Health Clinic		\$73.48	\$73.85	10/01/2010		
Swing-Bed Provider				·		
Federally Qualified Health Centers				· · · · · · · · · · · · · · · · · · ·		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care			A A A A A A A A A A A A A A A A A A A			
#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	rospective ctive Adjusted for N rim	lew Costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	W. Ry	t based on costs dell Samuel, Ad id Cost Reimbursen		R		



Childrens Medical Center - Starke		Provider 1		660235500 10/01/2010
319 West Call St		Fiscal Y		N/A
Starke, FL 32091	Audit Status: N/A			N/A
Provider Type:	· - · ·	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.58	\$73.95	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 Settlemen W. Ry	ospective tive Adjusted for N	ministrator	<u>R</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



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Sunrise Primary Care - St Johns Ave				660236300 10/01/2010
6100 St. Johns Ave	Fiscal Year End:		N/A	
Palatka, FL 32177		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.08	\$71.44	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 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	at based on costs		
			,,,,,,	- /
		dell Samuel, Ad	<u> </u>	
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Permanent File Program Development:				
1 10 Grain De retophieno.				
For information Only (No Change in rate)				



SS Marathe, MD PA	Provider 1		660237100 10/01/2010
201 W. Lattin St	Fiscal Y		N/A
Hastings, FL 32145	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.64	\$74.01	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 Interview	ospective Total Prospective Prospective Adjusted for N	ew Costs	
Average Nursing Home Rate Se	w. Rydell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			