



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

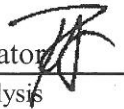
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 000640100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$115.58	\$117.08 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:
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 Permanent File
 Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health System
 Family Practice Center of Avon Park
 1006 W. Pleasant Street
 Avon Park, FL 33825

Provider Number: 000707900
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.79	\$79.81	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Live Oak HMA, LLC
 Shands Live Oak RHC
 1426 Canyon Avenue, NE, Unit B
 Live Oak, FL 32064

Provider Number: 002351900
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$132.62	\$134.34 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Starke HMA, LLC
 Shands Starke RHC
 1550 S. Water Street
 Starke, FL 32091

Provider Number: 002352500
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$163.75	\$165.88 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health Systems- FL Hosp. Heartland Med Ctr
 Florida Hospital Wauchula Pioneer Medical Center
 515 Carlton Street
 Wauchula , FL 33873

Provider Number: 002954700
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$111.77	\$113.22 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Campbellton-Graceville Hospital
 Campbellton Graceville Hospital Physicans Office
 5429 College Drive, Suite B
 Graceville , FL 32440

Provider Number: 003227500
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$79.32	\$80.35 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Calhoun Liberty Hospital Assoc.
 Calhoun Liberty Hospital Primary Care Clinic
 20370 NE Burns Ave.
 Blountstown, FL 32424

Provider Number: 005955000
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$80.52	\$81.57 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sacred Heart Medical Group on the Gulf

 55 Avenue E
 Apalachicola, FL 32320

Provider Number: 008004300
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$113.16	\$114.63 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
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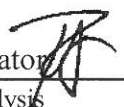
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Baker County Medical Services
 Baker Rural Health Clinic
 159 N 3rd Street
 Macclenny, FL 32063

Provider Number: 010834300
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$113.15	\$114.62 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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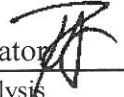
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry Family Care Center
 500 West Sagamore Avenue
 Clewiston, Fl 33440

Provider Number: 253668401
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$138.03	\$139.82 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input checked="" type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthmark of Walton

Provider Number: 372384401

Date: 10/01/2014

4415 US Hwy 331

Fiscal Year End: N/A

DeFuniak Springs, FL 32435

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$143.93	\$145.80	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

- Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

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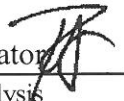
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Chipley Rural Health Clinic
 P.O. Box 918
 Chipley, FL 32428

Provider Number: 660005100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$102.68	\$104.01	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input checked="" type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Blountstown Family Practice

 17808 NE Charley Johns St
 Blountstown, FL 32424

Provider Number: 660037900
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.54	\$79.56 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Monticello Family Medicine

Provider Number: 660037901

Date: 10/01/2014

1549. S. Jefferson St

Fiscal Year End: N/A

Monticello, FL 32344

Audit Status: N/A

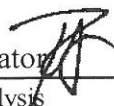
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.54	\$79.56 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Quincy Medical Group

 178 LaSalle Lafall Dr
 Quincy, FL 32351

Provider Number: 660037902
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.54	\$79.56 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wakulla Family Medicine
 15 Council Moore Rd
 Crawfordville, FL 32327

Provider Number: 660037903
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.54	\$79.56 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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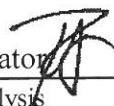
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gateway Medical Clinic - Crestview
 127-C Redstone Ave
 Crestview, FL 32539

Provider Number: 660049201
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$79.51	\$80.54 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Okaloosa Medical Center

 1045 US Hwy 331, Ste D
 DeFuniak, FL 32435

Provider Number: 660058100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$79.51	\$80.54 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family Health

Provider Number: 660074300

Date: 10/01/2014

P.O. Box 2177

Fiscal Year End: N/A

Arcadia, Fl 34265

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.55	\$79.57 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Butler Hospital RHC

Provider Number: 660083200

Date: 10/01/2014

850 E. Main St

Fiscal Year End: N/A

Lake Butler, FL 32054

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$156.06	\$158.09 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctors' Memorial Hospital
 Steinhatchee Family Center
 1209 1st Avenue South
 Steinhatchee, Fl 32359

Provider Number: 660092100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$273.59	\$277.15 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Madison Memorial Health Care

Provider Number: 660093000

Date: 10/01/2014

194 NE Hancock Ave

Fiscal Year End: N/A

Madison, FL 32340

Audit Status: N/A

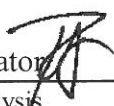
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$114.35	\$115.84 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Medicine
 P.O. Box 228
 Mayo, FL 32066

Provider Number: 660123500
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$151.70	\$153.67 ✓	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

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

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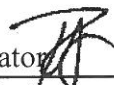
Doctor's Memorial Family Practice

 1702 S. Jefferson St.
 Perry, FL 32348

Provider Number: 660124300
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$102.68	\$104.01	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Family Health Services

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

Provider Number: 660137500
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$115.93	\$117.44	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Internal Medicine
 402 E. Ash St
 Perry, FL 32347

Provider Number: 660138300
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$102.68	\$104.01	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

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

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
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