



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

FoundCare, Inc.	Provider Number : 001182600
	Date : 10/04/2019
2330 S. Congress Ave.	Fiscal Year End : N/A
Palm Springs, FL 334067608	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

\_\_\_\_\_ For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

FoundCare, Inc- N. Palm Beach	Provider Number : 001182602
	Date : 10/04/2019
2330 S Congress Ave	Fiscal Year End : N/A
Palm Springs, Fl 33406	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001182604 - 2019/10

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**

Foundcare Inc. West Palm Beach

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3505 Shiloh Dr

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West Palm Beach, FL 33407

Provider Number : 001182604

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Date : 10/04/2019

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Fiscal Year End : N/A

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Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001182606 - 2019/10

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**

Foundcare, Inc West Palm Beach Greenwood	Provider Number : 001182606
	Date : 10/04/2019
5205 Greenwood Avenue	Fiscal Year End : N/A
West Palm Beach , FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001276200 - 2019/10

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**

Tampa Family Health Centers, Inc. #20	Provider Number : 001276200
	Date : 10/04/2019
4422 E. Columbus Drive	Fiscal Year End : N/A
Tampa, FL 336043233	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001718300 - 2019/10

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**

Heart of Florida Health Center, Inc.	Provider Number : 001718300
	Date : 10/04/2019
1025 SW 1st Ave.	Fiscal Year End : N/A
Ocala, FL 344710900	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	124.72	126.59	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

001718304 - 2019/10

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**

Heart of Florida Health Center - Reddick  
 1025 SW 1st Ave.  
 Ocala, FL 344710900

Provider Number : 001718304  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	124.72	126.59	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

001718306 - 2019/10

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**

Heart of Florida Health Center - Belleview  
 1025 SW 1st Ave.  
 Ocala, FL 344710900

Provider Number : 001718306  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	124.72	126.59	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Heart of Florida Health Center - Ocala East	Provider Number : 001718308
Marion County Health Department	Date : 10/04/2019
1025 SW 1st Ave.	Fiscal Year End : N/A
Ocala, FL 344710900	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	124.72	126.59	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

001718313 - 2019/10

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**

Heart of Florida Health Center	Provider Number : 001718313
Ocala West Family Medicine	Date : 10/04/2019
1025 SW 1st Ave	Fiscal Year End : N/A
Ocala, FL 344710900	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	124.72	126.59	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

001718315 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Heart of Florida Health Center-17th St	Provider Number : 001718315
	Date : 10/04/2019
1025 SW 1st Ave	Fiscal Year End : N/A
Ocala, FL 34471	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	124.72	126.59	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

001718319 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Heart of Florida Health Center 18th Street	Provider Number : 001718319
	Date : 10/04/2019
1740 SE 18th St STE 1201	Fiscal Year End : N/A
Ocala, FL 34471	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	124.72	126.59	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

003407902 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community AIDS Resource, Inc.	Provider Number : 003407902
Care Resource	Date : 10/04/2019
3510 Biscayne Blvd, Ste 300	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003407905 - 2019/10

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**

Community AIDS Resource  
 Comm Health Ctr @ Little Havana  
 3510 Biscayne Blvd., Suite 300  
 Miami, FL 33137

Provider Number : 003407905  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></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 style="text-align: center;">Dade</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input 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

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Florida Agency for Health Care Administration

003407907 - 2019/10

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**

Community AIDS Resource  
 Care Resource at Oakland Park  
 3510 Biscayne Blvd Ste 300  
 Miami, FL 33137

Provider Number : 003407907  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

003407909 - 2019/10

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**

Community AIDS Resource  
 Care Resource at Meridian Ave  
 3510 Biscayne Blvd  
 Miami, FL 33137

Provider Number : 003407909  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
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Florida Agency for Health Care Administration

003407911 - 2019/10

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**

Care Resource Community Health Centers	Provider Number : 003407911
	Date : 10/04/2019
1680 Michigan Avenue	Fiscal Year End : N/A
Miami Beach, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003407915 - 2019/10

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**

Care Resource Community Health Centers Miami	Provider Number : 003407915
	Date : 10/04/2019
3661 South Miami Ave # 702	Fiscal Year End : N/A
Miami, FL 33133	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

006608600 - 2019/10

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**

Genesis Community Health  
564 E. Woolbright Road  
Boynton Beach, FL 334356033

Provider Number : 006608600  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
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<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Palm Beach	

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W.Rydell Samuel, Administrator   
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

006608601 - 2019/10

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**

Genesis Community Health - Boca	Provider Number : 006608601
	Date : 10/04/2019
564 E. Woolbright Road	Fiscal Year End : N/A
Boynton, FL 334356033	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

006608603 - 2019/10

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**

Genesis Community Health Inc. - Delray	Provider Number : 006608603
	Date : 10/04/2019
564 E Woolbright Road	Fiscal Year End : N/A
Boynton Beach, FL 334356033	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

006608605 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Genesis Community Health-6th St	Provider Number : 006608605
	Date : 10/04/2019
2623 S Seacrest Blvd	Fiscal Year End : N/A
Boynton Beach, FL 33435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

006608607 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Genesis Community Health-Boynton Beach	Provider Number : 006608607
	Date : 10/04/2019
2623 S Seacrest Blvd Suite 112	Fiscal Year End : N/A
Boynton Beach , FL 33435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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006608610 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Genesis Community Health Delray	Provider Number : 006608610
16158 South Military Trail	Date : 10/04/2019
Delray Beach, FL 33484	Fiscal Year End : N/A
	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Health Care District of Palm Beach County
HCD Lantana Primary Care Clinic
1250 Southwinds Drive
Lantana, FL 334621459

Provider Number : 008037100
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008037102 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Health Care District of Palm Beach County	Provider Number : 008037102
HCD West Palm Beach Primary Care Clinic	Date : 10/04/2019
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Health Care District of Palm Beach County  
 HCD Belle Glade Primary Care Clinic  
 2601 10th Avenue North, Suite 100  
 Palm Springs, FL 334613133

Provider Number : 008037104  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Health Care District of Palm Beach County  
 HCD Delray Primary Care Clinic  
 2601 10th Avenue North, Suite 100  
 Palm Springs, FL 334613133

Provider Number : 008037106  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#652 / H52 Continuous Home Care			
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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037108 - 2019/10

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**

District Clinic Holdings, Inc
C L Brumback Primary Care Clinic
2601 10th Ave N Ste 100
Palm Springs, FL 33461

Provider Number : 008037108
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037110 - 2019/10

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**

District Clinic Holding	Provider Number : 008037110
	Date : 10/04/2019
2601 10th Ave N	Fiscal Year End : N/A
Palm Springs, FL 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037112 - 2019/10

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**

District Clinic Holdings Inc  
 C.L. Brumback Primary Care Clinics  
 2601 10th Ave N Ste 100  
 West Palm Beach, FL 33461

Provider Number : 008037112  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037114 - 2019/10

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**

District Clinic Holdings-State Rd 80	Provider Number : 008037114
	Date : 10/04/2019
2601 10th Ave North	Fiscal Year End : N/A
Palm Springs, Fl 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

008037118 - 2019/10

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**

District Clinic Holdings-10th ave
CL Brumback Primary Care Clinics
2601 10th Ave North
Palm Springs, Fl 33461

Provider Number : 008037118
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037123 - 2019/10

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**

District Clinic Holdings  
 23123 State Road 7, Suite 108-11  
 Boca Raton, FL 33428

Provider Number : 008037123  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

008037124 - 2019/10

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**


District Clinic Holdings Inc	Provider Number : 008037124
	Date : 10/04/2019
411 West Indiantown Rd	Fiscal Year End : N/A
Jupiter, FL 33458	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.87	138.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010739700 - 2019/10

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**

Empower U Inc  
 @ Northside Shopping center  
 7900 NW 27th Ave, Ste 234B  
 Miami, FL 331474909

Provider Number : 010739700  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.92	147.10	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762301 - 2019/10

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**

Community Health of South Florida	Provider Number : 010762301
Tavernier	Date : 10/04/2019
10300 SW 2016th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762353 - 2019/10

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**

Community Health of South Florida	Provider Number : 010762353
	Date : 10/04/2019
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Center for Family & Child Enrichment, Inc.	Provider Number : 010930500
	Date : 10/04/2019
1825 NW 167th Street, Suite 102	Fiscal Year End : N/A
Miami Gardens, FL 330564838	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.84	148.03	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010946400 - 2019/10

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**

FL DOH Union County	Provider Number : 010946400
New River Community Health Care	Date : 10/04/2019
495 East Main Street	Fiscal Year End : N/A
Lake Butler, FL 320541731	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.60	112.26	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010946402 - 2019/10

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**

FI DOH Union County- Temple  
 1801 N Temple Ave  
 Starke, FL 320911960

Provider Number : 010946402  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.60	112.26	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

013881900 - 2019/10

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**

Banyan Community Health Center Inc-Coral Gables	Provider Number : 013881900
	Date : 10/04/2019
6100 Blue Lagoon Dr Ste 400	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.74	145.90	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

013881902 - 2019/10

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**

Banyan Community Health Center #2	Provider Number : 013881902
Banyan Health Systems, Inc	Date : 10/04/2019
6100 Blue Lagoon Dr Suite 400	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.74	145.90	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

013881906 - 2019/10

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**

Banyan Community Health Center-Miami	Provider Number : 013881906
	Date : 10/04/2019
10 NW 42nd Avenue	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.74	145.90	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

013881908 - 2019/10

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2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Banyan Community Health Center Cutler Bay	Provider Number : 013881908
	Date : 10/04/2019
10720 Carriibbean Blvd	Fiscal Year End : N/A
Cutler Bay, FL 33186	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.74	145.90	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014789100 - 2019/10

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**

Lee Memorial Health System  
 16451 Healthpark Commons Dr Ste 200  
 Ft. Myers, FL 33908

Provider Number : 014789100  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></p> <p>Budget</p> <p>Unaudited costs</p> <p>Desk audited costs</p> <p>Field audited costs</p> <p>Medicare - Prospective</p> <p><b>X</b> Payment System Rate</p> <p>Average Nursing Home Rate</p> <p>Lee</p>	<p><b>Rate Type :</b></p> <p><b>X</b> Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014789102 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Lee Memorial Hlth System- Cape Coral	Provider Number : 014789102
	Date : 10/04/2019
P.O. Box 2147	Fiscal Year End : N/A
Fort Myers, Fl 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014789104 - 2019/10

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**

Lee Memorial Hlth System- #4  
 P.O. Box 2147  
 Fort Myers, Fl 33902

Provider Number : 014789104  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014789106 - 2019/10

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**

Lee Memorial Health System  
 4040 Palm Beach Blvd  
 Fort Myers, FL 33916

Provider Number : 014789106  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
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#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014789107 - 2019/10

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**

Lee Memorial Health System-Bass Rd	Provider Number : 014789107
	Date : 10/04/2019
PO Box 2147	Fiscal Year End : N/A
Fort Myers, FL 33902-2147	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

014789110 - 2019/10

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**

Lee Memorial Health  
 615 Williams Avenue  
 Fort Myers, FL 33972-7954

Provider Number : 014789110  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234400 - 2019/10

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**

Agape Comm Hlth Ctr-King St  
 120 King St  
 Jacksonville, FL 32204

Provider Number : 017234400  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234402 - 2019/10

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**

Agape Community Health-Jacksonville	Provider Number : 017234402
	Date : 10/04/2019
5150 Timuquana Rd	Fiscal Year End : N/A
Jacksonville, FL 32210	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234404 - 2019/10

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**

Agape Comm Hlth Ctr-Edgewood Ave	Provider Number : 017234404
	Date : 10/04/2019
120 King St	Fiscal Year End : N/A
Jacksonville, FL 32204	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234406 - 2019/10

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**

Agape Comm Hlth Ctr  
 Magnolia Project Clinic  
 5300 N Pearl St  
 Jacksonville, FL 32208

Provider Number : 017234406  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234409 - 2019/10

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**

Agape Community Health Center Inc  
 Agape Community Health Center South Jax  
 120 King Street  
 Jacksonville, FL 32204

Provider Number : 017234409  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

020530900 - 2019/10

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**

Primary Care Medical Services of Poinciana  
 Osceola Community Health Services  
 1875 Fortune Rd  
 Kissimmee, FL 34744

Provider Number : 020530900  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	124.95	126.82	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

022459100 - 2019/10

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**

Central Florida Health Care Haines City Pediatrics	Provider Number : 022459100
	Date : 10/04/2019
1011 East Main Street	Fiscal Year End : N/A
Haines City, FL 33844	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

022558500 - 2019/10

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**

Whole Family Health Center  
 603 North Indian River Dr Ste 102  
 Fort Pierce, FL 34950-3057

Provider Number : 022558500  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

022558502 - 2019/10

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**

Whole Family Health Center  
 981 37th Place  
 Vero Beach, FL 32960-6541

Provider Number : 022558502  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

023294200 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Healthcare Center Miami Dade Federal Highway	Provider Number : 023294200
	Date : 10/04/2019
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

024798000 - 2019/10

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**

Rural Health Network of Monroe County	Provider Number : 024798000
	Date : 10/04/2019
3706 N Roosevelt Blvd	Fiscal Year End : N/A
Key West, FL 33040-4566	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.74	145.90	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

025148200 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Centerplace Health, Inc.	Provider Number : 025148200
	Date : 10/04/2019
2200 Ringling Blvd	Fiscal Year End : N/A
Sarasota, FL 34237	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.84	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

025148202 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Centerplace Health Inc Sarasota  
 1750 17th Street  
 Sarasota, FL 34234

Provider Number : 025148202  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.84	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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025148204 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Centerplan Health Inc North Port	Provider Number : 025148204
	Date : 10/04/2019
	Fiscal Year End : N/A
	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.84	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

027976514 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Florida Dept of Health Walton County	Provider Number : 027976514
Walton Community Health Center	Date : 10/04/2019
362 State Highway 83	Fiscal Year End : N/A
Defuniak Springs, FL 32433	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029152803 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services - Marion E. Fether  
 1454 Madison Avenue  
 Immokalee, FL 33934

Provider Number : 029152803  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services - East Naples Medical Ctr	Provider Number : 029152805
	Date : 10/04/2019
1454 Madison Avenue	Fiscal Year End : N/A
Immokalee, FL 33962	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029152806 - 2019/10

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**

Collier Hlth Svc-Golden Gate Pediatrics	Provider Number : 029152806
	Date : 10/04/2019
1454 Madison Ave	Fiscal Year End : N/A
Immokalee , FI 34116	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Hlth Svc-Childrens Hlth Network	Provider Number : 029152807
	Date : 10/04/2019
1454 Madison Ave	Fiscal Year End : N/A
Immokalee , FI 34103	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Hlth Svc-Marco Island Pediatrics	Provider Number : 029152809
	Date : 10/04/2019
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, FL 34145	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Hlth Svc- Immokalee FCC	Provider Number : 029152810
	Date : 10/04/2019
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, FL 34142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services	Provider Number : 029152812
	Date : 10/04/2019
1008 Goodlette Frank Rd Suite 100	Fiscal Year End : N/A
Naples, FL 34102	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center, Inc.	Provider Number : 029506001
	Date : 10/04/2019
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center - Bradford	Provider Number : 029506007
	Date : 10/04/2019
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center - Pediatrics	Provider Number : 029506009
TMC Pediatrics	Date : 10/04/2019
2010 N. Young Blvd.	Fiscal Year End : N/A
Chiefland, FL 326261951	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center - Healthcare	Provider Number : 029506011
TMC Healthcare	Date : 10/04/2019
630 N. Main Street	Fiscal Year End : N/A
Williston, FL 326961705	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center - Palms Pediatrics	Provider Number : 029506013
Palms Pediatrics	Date : 10/04/2019
PO Box 640	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center	Provider Number : 029506015
Palms Medical Group	Date : 10/04/2019
PO Box 640	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center	Provider Number : 029506017
Palms Medical Group - High Springs	Date : 10/04/2019
911 S Main Street	Fiscal Year End : N/A
Trenton, FL 326933239	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Trenton Medical Center Inc.-Live Oak	Provider Number : 029506019
Palms Medical Group	Date : 10/04/2019
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 326933239	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#652 / H52 Continuous Home Care			
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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center-Orange Park	Provider Number : 029506021
Palms Medical Group	Date : 10/04/2019
23343 NW County Rd 236	Fiscal Year End : N/A
High Springs, Fl 32643	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029506023 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center	Provider Number : 029506023
Palms Medical Group - Bell	Date : 10/04/2019
23343 NW County Rd 236	Fiscal Year End : N/A
High Springs, FL 32643-9669	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	110.11	111.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029523001 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Health Center - Dover Health Center	Provider Number : 029523001
	Date : 10/04/2019
14618 State Road 574	Fiscal Year End : N/A
Dover, FL 33527	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029540000 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Jessie Trice Community Health Center - Flamingo	Provider Number : 029540000
	Date : 10/04/2019
700 S. Royal Poinciana Blvd, Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029541800 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Community Health Center - Main	Provider Number : 029541800
	Date : 10/04/2019
700 S. Royal Poinciana Blvd, Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Community Health Center - North	Provider Number : 029541802
	Date : 10/04/2019
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029541804 - 2019/10

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**


Jessie Trice Community Health Center - Cope North	Provider Number : 029541804
	Date : 10/04/2019
700 S. Royal Poinciana Blvd Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Dade	

**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)





**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Community Health Center - Northshore	Provider Number : 029541806
	Date : 10/04/2019
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029541808 - 2019/10

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**

Jessie Trice Community Health Center - Norland HCC	Provider Number : 029541808
	Date : 10/04/2019
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029541810 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Community Health Center - Charles Drew Elem	Provider Number : 029541810
	Date : 10/04/2019
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029541846 - 2019/10

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**

Jessie Trice Community Health Center  
 Norland Primary Health  
 5607 NW 27th Ave, Ste 1  
 Miami, FL 33142

Provider Number : 029541846  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541850 - 2019/10

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**


Jessica Trice Community Health Center- 75th Street	Provider Number : 029541850
	Date : 10/04/2019
5607 NW 27th Ave, Suite 1	Fiscal Year End : N/A
Miami, FL 331422826	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541852 - 2019/10

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**

Jessie Trice Comm Hlth Ctr- Opa-Locka  
 5607 NW 27th Ave Ste1  
 Miami, FL 33142

Provider Number : 029541852  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
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Florida Agency for Health Care Administration

029541854 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Community Health Ctr-Hialeah	Provider Number : 029541854
	Date : 10/04/2019
5607 NW 27th Ave	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> </tr> <tr> <td><input type="checkbox"/> Budget</td> </tr> <tr> <td><input type="checkbox"/> Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/> Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/> Field audited costs</td> </tr> <tr> <td><input type="checkbox"/> Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/> Average Nursing Home Rate</td> </tr> <tr> <td style="text-align: center;">Dade</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Dade	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541858 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Comm Hlth Ctr-Carol City  
 5607 NW 27th Ave  
 Miami, FL 33142

Provider Number : 029541858  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541860 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Comm Hlth Ctr-#60  
  
5607 NW 27th Ave  
Miami, FL 33142

Provider Number : 029541860  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></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 style="text-align: center;">Dade</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input 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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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541862 - 2019/10

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**

Jessie Trice-54th Ave  
 \_\_\_\_\_  
 5607 NW 27th Ave  
 \_\_\_\_\_  
 Miami, FL 33142

Provider Number : 029541862  
 \_\_\_\_\_  
 Date : 10/04/2019  
 \_\_\_\_\_  
 Fiscal Year End : N/A  
 \_\_\_\_\_  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Community Health System-Miami  
 217 NW 15th Street  
 Miami, FL 33136

Provider Number : 029541865  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.99	137.01	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029543400 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care - Main	Provider Number : 029543400
	Date : 10/04/2019
P.O. Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029543401 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care - Palatka Family Medical Center	Provider Number : 029543401
	Date : 10/04/2019
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029543402 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care - Interlachen Family Med. Center	Provider Number : 029543402
	Date : 10/04/2019
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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Florida Agency for Health Care Administration

029543403 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care - Crescent City Family Med. Center  
P.O. Box 817  
Palatka, Fl 32178

Provider Number : 029543403  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Rural Health Care - Keystone Family Med. Center	Provider Number : 029543405
	Date : 10/04/2019
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care - Hawthorne Family Med. Center	Provider Number : 029543406
	Date : 10/04/2019
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care - Family Med & Dental Ctr - Elm Street	Provider Number : 029543411
	Date : 10/04/2019
P.O. Box 817	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029543413 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care, Inc.	Provider Number : 029543413
Eastside Family Dental Center	Date : 10/04/2019
PO Drawer 817	Fiscal Year End : N/A
Palatka, FL 321780817	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care Corp  
Family Medical & Dental Centers  
PO Box 817  
Palatka, FL 32178

Provider Number : 029543414  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
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<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
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Medicaid Cost Reimbursement Analysis

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029543416 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care Inc  
 Family Medical & Dental - Clay Co.  
 PO Box 817  
 Palatka, FL 32178

Provider Number : 029543416  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029543418 - 2019/10

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**

Rural Health Care Inc.	Provider Number : 029543418
Family Medical & Dental Ctrs - Green Cove	Date : 10/04/2019
PO Box 817	Fiscal Year End : N/A
Palatka, FL 321780817	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care	Provider Number : 029543422
Azelea Health - Palm Coast	Date : 10/04/2019
1302 River St	Fiscal Year End : N/A
Palatka, Fl 32177	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029543424 - 2019/10

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**

Rural Health Care
Azalea Health - State Road
PO Box 817
Palatka, FL 32178-0817

Provider Number : 029543424
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029543427 - 2019/10

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**

Rural Health Care- Azalea Health Dunn Avenue  
 1455 Dunn Avenue  
 Daytona Beach, FL 32114-1437

Provider Number : 029543427  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Azalea Health
Azalea Health Dunn Ave
1425 Dunn Ave
Daytona Beach, FL 32114

Provider Number : 029543429
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.16	130.08	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029544200 - 2019/10

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**

Miami Beach Community Health Center - Stanley C. Myers	Provider Number : 029544200
	Date : 10/04/2019
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Miami Beach Community Health Center - Beverly Press	Provider Number : 029544201
	Date : 10/04/2019
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029544207 - 2019/10

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**

Miami Beach Community Health Center - Nanay Health Center	Provider Number : 029544207
	Date : 10/04/2019
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544214 - 2019/10

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**

Miami Beach Comm Health Center - North Suite 309	Provider Number : 029544214
	Date : 10/04/2019
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029544215 - 2019/10

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**

Miami Beach Comm Health Ctr - North Suite 301, 305 and 307

Provider Number : 029544215

11645 Biscayne Blvd, Suite 207

Date : 10/04/2019

Miami, FL 331813138

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544217 - 2019/10

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**

Miami Beach Comm Health Ctr - North Suite 308	Provider Number : 029544217
	Date : 10/04/2019
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029544220 - 2019/10

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**

Miami Beach Community Hlth Ctr- Biscayne Blvd	Provider Number : 029544220
	Date : 10/04/2019
11645 Biscayne Blvd	Fiscal Year End : N/A
North Miami, FL 33181	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544222 - 2019/10

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**

Miami Beach Comm Hlth Ctr-N Miami	Provider Number : 029544222
	Date : 10/04/2019
11645 Biscayne Blvd	Fiscal Year End : N/A
North Miami, FL 33181	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544224 - 2019/10

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**

Miami Beach Community Health Center	Provider Number : 029544224
	Date : 10/04/2019
11645 Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33181	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.07	138.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers, Inc.	Provider Number : 029545100
	Date : 10/04/2019
P.O. Box 1249	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029545108 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers, Inc.- Winter Garden Child Hlth	Provider Number : 029545108
WG Childrens Health	Date : 10/04/2019
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers - Southlake Fmly Hlth	Provider Number : 029545110
Southlake Family Health	Date : 10/04/2019
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers - Winter Garden Fmly Hlth  
 WG Family Health Center  
 P.O. Box 2329  
 Apopka, FL 32704

Provider Number : 029545111  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers - Leesburg
Leesburg Community
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545112
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers - Apopka Fmly Hlth
Apopka Family Health
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545113
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers, Inc. - Apopka Childrens Hlth	Provider Number : 029545114
	Date : 10/04/2019
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Distribution:**

- Fiscal Agent
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers, Inc. - Pine Hills	Provider Number : 029545115
	Date : 10/04/2019
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers - Lake Ellenor  
 P.O. Box 2329  
 Apopka, FL 32704

Provider Number : 029545119  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029545121 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Community Health Centers, Inc.	Provider Number : 029545121
Apopka Dental	Date : 10/04/2019
PO Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029545123 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers
Bithlo Family Health Center
PO Box 2329
Apopka, FL 32704

Provider Number : 029545123
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545125 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers Inc  
 Meadow Woods Childrens Health Center  
 110 South Woodland Street  
 Winter Garden, FL 347873546

Provider Number : 029545125  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545129 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers-Tavares	Provider Number : 029545129
	Date : 10/04/2019
110 S Woodland St	Fiscal Year End : N/A
Winter Garden, FL 34787	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers-Orlando	Provider Number : 029545131
	Date : 10/04/2019
110 S Woodland St	Fiscal Year End : N/A
Winter Garden, FL 34787	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029547700 - 2019/10

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**

Thomas E. Langley Medical Center	Provider Number : 029547700
	Date : 10/04/2019
1425 S. U.S. Hwy 301	Fiscal Year End : N/A
Sumterville, FL 33585	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	135.15	137.18	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029547702 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Medical Center at the Shores	Provider Number : 029547702
	Date : 10/04/2019
1425 S. U.S. Hwy 301	Fiscal Year End : N/A
Sumterville, FL 33585	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	135.15	137.18	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029547709 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Project Health  
 1425 US Hwy 301  
 Sumterville, FL 33585

Provider Number : 029547709  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	135.15	137.18	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029547723 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Project Health Inverness	Provider Number : 029547723
	Date : 10/04/2019
151 East Highland Blvd	Fiscal Year End : N/A
Inverness, FL 34452	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	135.15	137.18	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029547724 - 2019/10

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**

Project Health Langley Health Services	Provider Number : 029547724
	Date : 10/04/2019
314 South Line Avenue	Fiscal Year End : N/A
Inverness, FL 34452	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	135.15	137.18	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029547727 - 2019/10

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**

Project Health Lecanto	Provider Number : 029547727
	Date : 10/04/2019
512 N Lecanto Highway 491	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	135.15	137.18	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029547729 - 2019/10

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**

Project Health Crystal River Pediatrics	Provider Number : 029547729
	Date : 10/04/2019
547 SE Fort Island Trail Suite C&D	Fiscal Year End : N/A
Crystal River, FL 34429-8905	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	135.15	137.18	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029547731 - 2019/10

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**

Project Health Crystal River	Provider Number : 029547731
	Date : 10/04/2019
547 SE Fort Island Trail E	Fiscal Year End : N/A
Crystal River, FL 34429	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	135.15	137.18	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548500 - 2019/10

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**

Tampa Community Health Center - Peter D  
PO Box 82969  
Tampa, FL 33682

Provider Number : 029548500  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Hillsborough	

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Tampa Community Health Center - Salvation Army	Provider Number : 029548502
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

029548503 - 2019/10

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**

Tampa Community Health Center - Sine Domus	Provider Number : 029548503
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#659 Room and Board			

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Florida Agency for Health Care Administration

029548504 - 2019/10

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**

Tampa Community Health Center - Lee Davis	Provider Number : 029548504
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548505 - 2019/10

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**

Tampa Community Health Center- 131st Ave  
 PO Box 82969  
 Tampa, FL 33682

Provider Number : 029548505  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

- Fiscal Agent
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548506 - 2019/10

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**

Tampa Community Health Center - Rome Ave	Provider Number : 029548506
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548513 - 2019/10

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**

Tampa Community Health Center - Waters Ave	Provider Number : 029548513
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548516 - 2019/10

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**

Tampa Community Health Center  
 Mobil Dental Van  
 PO Box 82969  
 Tamp, FL 33682

Provider Number : 029548516  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548517 - 2019/10

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**

Tampa Family Health Center #11	Provider Number : 029548517
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 336822969	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Hillsborough	

**Distribution:**

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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548519 - 2019/10

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**

Tampa Family Health Center #27	Provider Number : 029548519
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548520 - 2019/10

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**

Tampa Family Health center #26	Provider Number : 029548520
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicare - Prospective																	
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548521 - 2019/10

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**

Tampa Family Health Centers #25	Provider Number : 029548521
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548522 - 2019/10

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**


Tampa Family Health Centers #24	Provider Number : 029548522
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548527 - 2019/10

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**

Tampa Family Health Center #23	Provider Number : 029548527
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 336822969	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548529 - 2019/10

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**

Tampa Family Health Center Inc 28	Provider Number : 029548529
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 336822969	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548531 - 2019/10

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**

Tampa Family Health Centers - #31	Provider Number : 029548531
	Date : 10/04/2019
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 336822969	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548533 - 2019/10

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**

Tampa Family Health Centers- 22nd St	Provider Number : 029548533
	Date : 10/04/2019
P.O Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548535 - 2019/10

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**

Tampa Family Health Center- Fletcher Ave	Provider Number : 029548535
	Date : 10/04/2019
P. O Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029548550 - 2019/10

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**

Tampa Family Health Centers, Inc.	Provider Number : 029548550
	Date : 10/04/2019
12085 W Hillsborough Ave	Fiscal Year End : N/A
Tampa, FL 33625	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate Hillsborough	

**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549300 - 2019/10

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**

Central Florida Health Care - Frostproof  
 109 West Wall Street  
 Frostproof, FL 33843

Provider Number : 029549300  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Florida Health Care - Wachula  
 204 E. Palmetto Street  
 Wauchula, FL 33873

Provider Number : 029549301  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029549304 - 2019/10

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**

Central Florida Health Call - Avon Park  
 400 South Lake Avenue  
 Avon Park, FL 33825

Provider Number : 029549304  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></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 style="text-align: center;">Polk</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input 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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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549305 - 2019/10

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**

Central Florida Health Center - Hardee  
 950 County Road 17A West  
 Avon Park, FL 33825

Provider Number : 029549305  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549307 - 2019/10

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**

Central Florida Health Care -NW 9th Ave  
 950 County Rd 17A West  
 Avon Park, FL 33825

Provider Number : 029549307  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Fl Hlthcare-Dundee Rd	Provider Number : 029549309
	Date : 10/04/2019
47 5th St NW	Fiscal Year End : N/A
Winter Haven, Fl 33881	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029549311 - 2019/10

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**

Central FI Healthcare- FI Ave  
 47 5th Ave St NW  
 Winter Haven, FL 04915

Provider Number : 029549311  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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**Distribution:**

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549316 - 2019/10

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**

Central Florida Health Care-Winter Haven	Provider Number : 029549316
	Date : 10/04/2019
201 Magnolia Ave SW	Fiscal Year End : N/A
Winter Haven, Fl 33880	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549318 - 2019/10

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**

Central Florida Health Care	Provider Number : 029549318
	Date : 10/04/2019
705 Ingraham Avenue	Fiscal Year End : N/A
Haines City, FL 33844	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549319 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Florida Health Care Winter Haven 1st Street	Provider Number : 029549319
	Date : 10/04/2019
PO Box 16344	Fiscal Year End : N/A
Winter Haven, FL 04915-4058	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549321 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Florida Health Care Inc.	Provider Number : 029549321
	Date : 10/04/2019
305 West Central Ave	Fiscal Year End : N/A
Lake Wales, FL 33853	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029550700 - 2019/10

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**

Premier Community HC Group - Pasco  
  
37946 CHURCH AVE  
Dade City, FL 33525


Provider Number : 029550700  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Pasco	

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029550701 - 2019/10

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**

Premier Community HC Group - Zephyrhills  
 37946 CHURCH AVE  
 Dade City, FL 33525

Provider Number : 029550701  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029550702 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Premier Community HC Group - Summit	Provider Number : 029550702
	Date : 10/04/2019
37946 CHURCH AVE	Fiscal Year End : N/A
Dade City, FL 33525	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Pasco	

**Distribution:**

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029550703 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Premier Community Healthcare Group - New Port Richey	Provider Number : 029550703
	Date : 10/04/2019
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029550704 - 2019/10

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**

Premier Community Healthcare - Dade City	Provider Number : 029550704
	Date : 10/04/2019
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029550714 - 2019/10

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**

Premier Community Healthcare-Pasco Co	Provider Number : 029550714
	Date : 10/04/2019
P.O.Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029550716 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Premier Comm Health Care Group-Denton Ave	Provider Number : 029550716
	Date : 10/04/2019
P.O Box 232	Fiscal Year End : N/A
Dade City, Fl 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029550720 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Premier Community Healthcare Group Brooksville	Provider Number : 029550720
	Date : 10/04/2019
300 South Main Street	Fiscal Year End : N/A
Brooksville, FL 34601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029550721 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Premier Community Healthcare Group Springhill/Forest Oaks	Provider Number : 029550721
	Date : 10/04/2019
7551 Forest Oaks Blvd	Fiscal Year End : N/A
Springhill, FL 34606	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029550723 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Premier Community Healthcare Group	Provider Number : 029550723
	Date : 10/04/2019
37840 Medical Arts Ct	Fiscal Year End : N/A
Zephyrhills, FL 33541	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Florida Family Health Center	Provider Number : 029551500
	Date : 10/04/2019
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 327716012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

- Fiscal Agent
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029551502 - 2019/10

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**

Central Florida Family Health-Alafaya	Provider Number : 029551502
	Date : 10/04/2019
11881-A E. Colonial Dr.	Fiscal Year End : N/A
Orlando, FL 32826	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029551504 - 2019/10

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**

Central Florida Family Health - Underhill Road  
 4930 E. Lake Mary Blvd  
 Sanford, FL 32771

Provider Number : 029551504  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029551506 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Florida Family Health Center - Lake Ellenor	Provider Number : 029551506
	Date : 10/04/2019
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 32771	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Florida Family Health Center - Forsyth  
 4930 E. Lake Mary Blvd  
 Sanford, FL 32771

Provider Number : 029551513  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029551515 - 2019/10

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**


Central Florida Family Health Center - Silver Star	Provider Number : 029551515
	Date : 10/04/2019
4930 E Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 327716012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029551517 - 2019/10

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**

Central Florida Family Health Center  
 True Health#2  
 4930 E Lake Mary Blvd  
 Sanford, Fl 32771

Provider Number : 029551517  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

029551518 - 2019/10

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**

Central Florida Family Hlth Ctr  
 True Health  
 4930 E Lake Mary Blvd  
 Sanford, Fl 32771

Provider Number : 029551518  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029551521 - 2019/10

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**

Central Florida Family Health Center  
 True Health - Airport Blvd  
 4930 E. Lake Mary Blvd.  
 Sanford, FL 32771-5003

Provider Number : 029551521  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029552300 - 2019/10

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**

Family Health Center of Columbia County, Inc.  
 P.O. Box 249  
 Lake City, FL 32056

Provider Number : 029552300  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	103.24	104.79	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></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 Columbia</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input 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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Florida Agency for Health Care Administration

029554000 - 2019/10

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**

Borinquen Health Care Center, Inc.	Provider Number : 029554000
	Date : 10/04/2019
3601 Federal Highway 3rd Floor	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029554002 - 2019/10

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**


Borinquen Health Care - Federal Hwy	Provider Number : 029554002
	Date : 10/04/2019
3601 Federal Highway 3rd Floor	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554003 - 2019/10

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**

Borinquen Health Care Center, SW 8th Street	Provider Number : 029554003
	Date : 10/04/2019
3601 Federal Highway, 3rd Floor Finance	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554016 - 2019/10

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**

Borinquen Health Care Center	Provider Number : 029554016
	Date : 10/04/2019
3601 Federal Hwy, 6th Floor	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Health Care Center - 19  
 3601 Federal Highway  
 Miami, FL 331373795

Provider Number : 029554019  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Health Care Center - 21	Provider Number : 029554021
	Date : 10/04/2019
3601 Federal Highway, 6th Floor	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029554023 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Health Care Center - 23  
 3601 Federal Highway  
 Miami, FL 331373795

Provider Number : 029554023  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029554025 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Health Care Center - 25  
 3601 Federal Highway  
 Miami, FL 331373795

Provider Number : 029554025  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></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 style="text-align: center;">Dade</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input 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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Florida Agency for Health Care Administration

029554041 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Health Care Center - 7th Street  
 3601 Federal Highway  
 Miami, FL 331373795

Provider Number : 029554041  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029554043 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Health Care Center	Provider Number : 029554043
Kendall Regional	Date : 10/04/2019
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#659 Room and Board			

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Health Care Center North Miami	Provider Number : 029554045
	Date : 10/04/2019
12603 NE 7th Avenue	Fiscal Year End : N/A
North Miami, FL 33161	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	130.88	132.85	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557400 - 2019/10

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**

Suncoast Community HCC - Ruskin	Provider Number : 029557400
	Date : 10/04/2019
P.O. Box 1349	Fiscal Year End : N/A
Ruskin, FL 33570	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557401 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Health Centers  
Women and Children Community Health Center  
PO Box 2096  
Plant City, FL 33563

Provider Number : 029557401  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate Hillsborough	

**Distribution:**

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Florida Agency for Health Care Administration

029557402 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community HCC- Plant City	Provider Number : 029557402
	Date : 10/04/2019
P.O.Box 2096	Fiscal Year End : N/A
Plant City, FL 33566	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029557403 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community HCC - Mobley Street	Provider Number : 029557403
	Date : 10/04/2019
P.O. Box 1349	Fiscal Year End : N/A
Ruskin, FL 33575	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557405 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Health Centers	Provider Number : 029557405
Joyce Ely Community Health Center	Date : 10/04/2019
PO Box 1349	Fiscal Year End : N/A
Ruskin, FL 33575	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557408 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Health Centers	Provider Number : 029557408
Suncoast Mobile Dental Van	Date : 10/04/2019
PO Box 1349	Fiscal Year End : N/A
Ruskin, FL 33575	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029557409 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Health Centers, Inc.	Provider Number : 029557409
Brandon Community Health Center	Date : 10/04/2019
PO Box 40	Fiscal Year End : N/A
Dover, FL 33527	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557412 - 2019/10

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**

Suncoast Community Health Centers	Provider Number : 029557412
Oakfield Community Health Center	Date : 10/04/2019
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557414 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Health Centers  
 Oakfield Community Dental Care  
 13110 Elk Mountain Drive  
 Riverview, FL 33579

Provider Number : 029557414  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557416 - 2019/10

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**

Suncoast Community Health Centers, Inc.  
 SCHC Womens Care of Lakeland  
 13110 Elk Mountain Dr.  
 Riverview, FL 33579

Provider Number : 029557416  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557417 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Health Center  
 Suncoast Mobile Medical Bus  
 13110 Elk Mountain Drive  
 Riverview, FL 33579

Provider Number : 029557417  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029557420 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Health Centers  
 Wimauma Community Health Center  
 13110 Elk Mountain Drive  
 Riverview, FL 33579

Provider Number : 029557420  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557422 - 2019/10

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**

Suncoast Community Health Centers	Provider Number : 029557422
Palm River Community Health Center	Date : 10/04/2019
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557424 - 2019/10

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**

Suncoast Community Health Centers  
 Thonotosassa Community Health Center  
 9555 E Fowler Avenue  
 Thonotosassa, FL 33592

Provider Number : 029557424  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557427 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Suncoast Community Healthcare Centers-Mobile Dental Bus	Provider Number : 029557427
	Date : 10/04/2019
313 S Lakewood Drive	Fiscal Year End : N/A
Brandon, FL 33511	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.63	152.89	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Hillsborough	

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Services	Provider Number : 029561200
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Services- Bayshore	Provider Number : 029561201
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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029561202 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Svcs. - Hwy 301	Provider Number : 029561202
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Ser. - Lawton Chiles	Provider Number : 029561203
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561204 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Ser - Southeast FHCC	Provider Number : 029561204
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561205 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Ser - East Manatee Health	Provider Number : 029561205
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561206 - 2019/10

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**

Manatee County Rural Hlth Svc-Myakka FHCC	Provider Number : 029561206
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Hlth Svc-Infectious Disease Ctr	Provider Number : 029561207
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Ser. - North CHC Medical	Provider Number : 029561210
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561214 - 2019/10

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**

Manatee County Rural Health Ser - Palmetto FHC	Provider Number : 029561214
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561218 - 2019/10

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**

Manatee County Rural Health Services - Westgate	Provider Number : 029561218
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561220 - 2019/10

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**

Manatee County Rural Health Services - Community Care HC	Provider Number : 029561220
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561224 - 2019/10

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**

Manatee Rural County Health Services - Riverview	Provider Number : 029561224
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee Rural Health Center - Whole Child Pediatrics	Provider Number : 029561228
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee Rural Health Center - General Surgery	Provider Number : 029561230
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rual Health Services
River Landings OB/GYN
700 8th Ave W
Palmetto, FL 34221

Provider Number : 029561233
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561236 - 2019/10

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**

Manatee County Rural Health Services  
 North County Family Vision Center  
 700 8th Ave W  
 Palmetto, FL 34221

Provider Number : 029561236  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029561238 - 2019/10

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**

Manatee County Rural Health Services, Inc.	Provider Number : 029561238
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Services  
 Bradenton Family Medical  
 700 8th Ave W  
 Palmetto, FL 34221

Provider Number : 029561240  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

029561242 - 2019/10

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**

Manatee County Rural Health Services  
 Arcadia Childrens Health Care  
 700 8th Ave W  
 Palmetto, FL 34221

Provider Number : 029561242  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561249 - 2019/10

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**

Manatee County Rural Health Services-Riverside Dr	Provider Number : 029561249
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Svc-DeSoto
Community Care Family Healthcare Ctr
700 8th Ave W
Palmetto , Fl 34221

Provider Number : 029561251
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561254 - 2019/10

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**

Manatee County Rural Hlth Svc  
 Comm Care Family Clinic Counseling Svc  
 700 8th Ave W  
 Palmetto, FI 34221

Provider Number : 029561254  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029561255 - 2019/10

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**

Manatee County Rural Hlth Svc  
 Manatee Village Dental Ctr  
 700 8th Ave W  
 Palmetto, FI 34221

Provider Number : 029561255  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561257 - 2019/10

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**

Manatee County Rural Hlth Svc  
 Twin Rivers Medical Ctr  
 700 8th Ave W  
 Palmetto, FI 34221

Provider Number : 029561257  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Hlth Svc-SCMC
South County Medical Ctr
700 8th Ave W
Palmetto, FI 34221

Provider Number : 029561262
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561268 - 2019/10

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**

Manatee County Rural Hlth Svc  
 North Tuttle Family Hlth Ctr  
 700 8th Ave W  
 Palmetto, FI 34221

Provider Number : 029561268  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029561271 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Services	Provider Number : 029561271
	Date : 10/04/2019
12271 US Highway 301 N	Fiscal Year End : N/A
Parrish, FL 34219	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Services-Arcadia	Provider Number : 029561280
	Date : 10/04/2019
425 Nursing Home Drive	Fiscal Year End : N/A
Arcadia, FL 34266	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561284 - 2019/10

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**

Manatee County Rural Health Services University Parkway	Provider Number : 029561284
	Date : 10/04/2019
2415 University Parkway Bldg 3 Suite 111	Fiscal Year End : N/A
Sarasota, FL 34243	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee County Rural Health Services  
 508 South 6th Avenue  
 Wauchula, FL 33873

Provider Number : 029561287  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029561295 - 2019/10

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**

Manatee County Rural Health Services  
 5305 State Road 64 East  
 Bradenton, FL 34208

Provider Number : 029561295  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers
Johnnie Ruth Clarke Health Center
1344 22nd Street S.
St. Petersburg, FL 33705

Provider Number : 029565500
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers - Clearwater	Provider Number : 029565501
	Date : 10/04/2019
707 Druid Rd E	Fiscal Year End : N/A
Clearwater, FL 337563951	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Center at Pinellas Park	Provider Number : 029565503
	Date : 10/04/2019
7550 43rd Street N	Fiscal Year End : N/A
Pinellas Park, FL 337813601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Center - Largo	Provider Number : 029565512
	Date : 10/04/2019
12420 - 130th Ave	Fiscal Year End : N/A
Largo, FL 337741950	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers @ Tarpon	Provider Number : 029565514
	Date : 10/04/2019
247 S. Huey Avenue	Fiscal Year End : N/A
Tarpon Springs, FL 346894205	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers at Bayfront	Provider Number : 029565516
	Date : 10/04/2019
PO Box 10549	Fiscal Year End : N/A
St. Petersburg, FL 337330549	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers of Pinellas	Provider Number : 029565519
Clearwater Dental	Date : 10/04/2019
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029565521 - 2019/10

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**

Community Health Centers of Pinellas- St Petersburg	Provider Number : 029565521
	Date : 10/04/2019
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029565523 - 2019/10

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**

Community Health Centers-Dunedin	Provider Number : 029565523
	Date : 10/04/2019
PO Box 10549	Fiscal Year End : N/A
St Petersburg, Fl 33733	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029565525 - 2019/10

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**


Community Health Center of Pinellas-St.Petersburg	Provider Number : 029565525
	Date : 10/04/2019
4950 34th Street North	Fiscal Year End : N/A
St. Petersburg , FL 33714	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Pinellas	

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- Program Development:

W.Rydell Samuel, Administrator 

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Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Fl. Medical Ctr., Inc. - Wewahitchka Medical Ctr  
 2804 Remington Green circle  
 Tallahassee, FL 32308

Provider Number : 029568000  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Fl. Medical Ctr. Inc. - Wakulla Medical Ctr
Wakulla Medical Center
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568001
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Fl. Medical Ctrs., Inc. - Mayo
Mayo Health Services
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568009
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Florida Medical Center	Provider Number : 029568010
Madison Medical Center	Date : 10/04/2019
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A
Tallahassee, FL 323081550	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Fl. Medical Ctrs., Inc. - Family Medical Practice	Provider Number : 029568012
	Date : 10/04/2019
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Fl. Medical Ctrs., Inc. - Gadsden Medical Center	Provider Number : 029568013
Gadsden Medical Center	Date : 10/04/2019
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Florida Medical Centers-Tallahassee	Provider Number : 029568017
	Date : 10/04/2019
2804 Remington Green Circle Suite #2	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North FL. Medical Center - Eastpoint Medical Center  
 Eastpoint Medical Center  
 2804 Remington Green circle  
 Tallahassee, FL 32308

Provider Number : 029568030  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of SW Florida - Downtown Ft Myers	Provider Number : 029570100
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
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<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of SW Florida - Labelle	Provider Number : 029570101
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of SW Florida - Bonita Springs	Provider Number : 029570102
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570103 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Family Health Centers of SW Florida - East Ft Myers	Provider Number : 029570103
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Lee	

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W.Rydell Samuel, Administrator   
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029570105 - 2019/10

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**

Family Health Centers of SW Florida - Leigh Acres	Provider Number : 029570105
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029570106 - 2019/10

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2727 Mahan Drive - Mail Stop 23

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of SW Florida - North Ft Myers	Provider Number : 029570106
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of S.W. Florida - Paul Lawrence	Provider Number : 029570107
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029570109 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of S.W. Florida - Metro Parkway	Provider Number : 029570109
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers. of S.W. Florida - Cape Coral	Provider Number : 029570110
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

029570111 - 2019/10

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**

Family Health Centers of S.W. Florida - Broadway Dental	Provider Number : 029570111
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570112 - 2019/10

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**

Family Health Centers of SW Florida Inc - Port Charlotte	Provider Number : 029570112
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570115 - 2019/10

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**


Family Hlth Ctr of SW Florida - Pine Island	Provider Number : 029570115
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of SW Florida - Tamiami Trail	Provider Number : 029570117
	Date : 10/04/2019
PO Box 1357	Fiscal Year End : N/A
Fort Myers, FL 339021357	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570118 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of SW Florida	Provider Number : 029570118
South Fort Myers Medical Center	Date : 10/04/2019
PO Box 1588	Fiscal Year End : N/A
Fort Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570120 - 2019/10

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**

Family Hlth Centers of SW FL - Bonita Springs	Provider Number : 029570120
	Date : 10/04/2019
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570125 - 2019/10

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**

Family Health Centers of SW Florida  
 Cape Coral Health Center  
 PO Box 1357  
 Fort Myers, FL 33902

Provider Number : 029570125  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570127 - 2019/10

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**

Family Health Centers of SW Florida - Kings Hwy #210	Provider Number : 029570127
	Date : 10/04/2019
PO Box 1357	Fiscal Year End : N/A
Fort Myers, FL 339021357	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029570133 - 2019/10

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**

Family Health Centers of Southwest Florida  
 1926 Victoria Avenue  
 Fort Myers, FL 33901

Provider Number : 029570133  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.37	115.07	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572800 - 2019/10

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**

Community Health of South Florida	Provider Number : 029572800
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029572801 - 2019/10

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**

Community Health of South Florida	Provider Number : 029572801
	Date : 10/04/2019
810 West Mowry Street	Fiscal Year End : N/A
Homestead, FL 33030	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572804 - 2019/10

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**

Community Health of South Florida  
 W. Perrine Health Ctr  
 17623 Homestead Avenue  
 Perrine, FL 33157

Provider Number : 029572804  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

029572805 - 2019/10

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**

Community Health of South Florida  
 Naranja Health Center  
 13890 S.W. 264 Street  
 Homestead, FL 33030

Provider Number : 029572805  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572809 - 2019/10

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**

Community Health of S. Florida- Everglades	Provider Number : 029572809
Everglades Health Ctr	Date : 10/04/2019
19200 SW 380th St	Fiscal Year End : N/A
Florida City, FL 33030	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572810 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Comm Hlth of S. Florida-S Dade
South Dade Health Center
13600 SW 312th St
Homestead, FI 33090

Provider Number : 029572810
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029572817 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - Homestead Senior High	Provider Number : 029572817
	Date : 10/04/2019
10300 SW 216 St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Dade	

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - Cope South	Provider Number : 029572819
	Date : 10/04/2019
10300 SW 216 St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - Marathon Health Center	Provider Number : 029572824
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029572826 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - Moton Elementary Sch	Provider Number : 029572826
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - Colonial Drive Elem	Provider Number : 029572828
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - H.A Ammons Middle	Provider Number : 029572829
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572831 - 2019/10

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**

Community Health of South Florida - John A. Ferguson Senior	Provider Number : 029572831
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572832 - 2019/10

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**

Community Health of South Florida - South Dade Senior	Provider Number : 029572832
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572833 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - W.A. Chapman Elem	Provider Number : 029572833
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

029572837 - 2019/10

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**

Community Health of South Florida - Braddock Senior	Provider Number : 029572837
	Date : 10/04/2019
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029572853 - 2019/10

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**

Community Health of S. Florida - Avocado Elem.	Provider Number : 029572853
	Date : 10/04/2019
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572855 - 2019/10

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**

Community Health of S. Florida - FL City Elem  
 10300 SW 216th Street  
 Miami, FL 331901003

Provider Number : 029572855  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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**Distribution:**

- Fiscal Agent
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572856 - 2019/10

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**

Community Health of S. Florida - Homestead Middle	Provider Number : 029572856
	Date : 10/04/2019
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572857 - 2019/10

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**

Community Health of S. Florida - McMillan Middle	Provider Number : 029572857
	Date : 10/04/2019
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572859 - 2019/10

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**

Community Health of S Florida - Redondo Elem	Provider Number : 029572859
	Date : 10/04/2019
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029572868 - 2019/10

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**

Community Health of S. Florida - Royal Green Elem	Provider Number : 029572868
	Date : 10/04/2019
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029572875 - 2019/10

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**

Community Health of South Florida  
 South Miami Health Center  
 10300 SW 216th Street  
 Miami, FL 331901003

Provider Number : 029572875  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029572895 - 2019/10

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**

Community Health of South Florida  
 West Kendall Health Center  
 10300 SW 216th Street  
 Miami, FL 331901003

Provider Number : 029572895  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572897 - 2019/10

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**

Community Health of South Florida	Provider Number : 029572897
Coconut Grove Health Center	Date : 10/04/2019
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029574400 - 2019/10

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**

FL Community Health Ctrs- Okeechobee  
 4450 South Tiffany Drive  
 West Palm Beach,, FL 33407

Provider Number : 029574400  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574402 - 2019/10

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**

FL Community Health Ctrs- Clewiston  
 4450 South Tiffany Drive  
 West Palm Beach,, FL 33407

Provider Number : 029574402  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574403 - 2019/10

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**

FL Community Health Ctrs- Indiantown	Provider Number : 029574403
	Date : 10/04/2019
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029574404 - 2019/10

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**

FL Community Health Ctrs- Ft. Pierce	Provider Number : 029574404
	Date : 10/04/2019
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574406 - 2019/10

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**

FL Community Health Ctrs- Lakeshore Medical  
 4450 South Tiffany Drive  
 West Palm Beach,, FL 33407

Provider Number : 029574406  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574418 - 2019/10

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**

FL Community Health Centers - Pahokee	Provider Number : 029574418
	Date : 10/04/2019
4450 S. Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

029574420 - 2019/10

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**

FL Community Health Center - Moore Haven	Provider Number : 029574420
	Date : 10/04/2019
4450 S. Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574422 - 2019/10

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**

Florida Community Health Centers - Stuart	Provider Number : 029574422
	Date : 10/04/2019
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029574424 - 2019/10

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**

Florida Community Health Center	Provider Number : 029574424
Ft. Pierce OB	Date : 10/04/2019
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029574426 - 2019/10

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**

Florida Community Health Ctr  
 Darwin Square Center  
 4450 South Riffany Dr  
 West Palm Beach, FL 33407

Provider Number : 029574426  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

037527610 - 2019/10

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**

Premier Community Healthcare Group, Inc	Provider Number : 037527610
	Date : 10/04/2019
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.40	153.67	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Bond Community Health Center  
 1720 S. Gadsden St.  
 Tallahassee, FL 32314

Provider Number : 060551401  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	119.43	121.22	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

060551402 - 2019/10

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**

Bond Comm Health Assoc-West Orange	Provider Number : 060551402
	Date : 10/04/2019
1720 S Gadsden St	Fiscal Year End : N/A
Tallahassee, FL 32310	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	119.43	121.22	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

060551408 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Bond Specialty and Wellness Center	Provider Number : 060551408
	Date : 10/04/2019
1720 S. Gadsden Street	Fiscal Year End : N/A
Tallahassee, FL 323015506	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	119.43	121.22	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

060551410 - 2019/10

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**

Bond Community Health Associates	Provider Number : 060551410
	Date : 10/04/2019
2200 South Monroe	Fiscal Year End : N/A
Tallahassee, FL 32301	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	119.43	121.22	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

060638308 - 2019/10

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**

Community Health Centers	Provider Number : 060638308
Johnnie Ruth Clarke Health Center	Date : 10/04/2019
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.40	117.13	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

073194309 - 2019/10

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**

Central Florida Health Care Inc.  
 Central Florida Health Care Inc.  
 1129 N. Missouri Ave  
 Lakeland, FL 33805-4411

Provider Number : 073194309  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

100303100 - 2019/10

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**


Central Florida Healthcare- Lakeland	Provider Number : 100303100
	Date : 10/04/2019
700 Galvin Dr	Fiscal Year End : N/A
Lakeland, FL 33801	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

100382300 - 2019/10

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**

Central Florida Health Care Inc. County Road 17	Provider Number : 100382300
	Date : 10/04/2019
950 County Road 17A W	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

100654400 - 2019/10

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**

Escambia Community Clinics, Inc. - Highway 90 Pediatrics	Provider Number : 100654400
Highway 90 Pediatrics	Date : 10/04/2019
4435 Highway 90	Fiscal Year End : N/A
Pace, FL 32571	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

100654800 - 2019/10

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**

Escambia Community Clinics
Century Adult Primary Care
6021 Industrial Blvd
Century, FL 32535

Provider Number : 100654800
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263706 - 2019/10

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**

Neighborhood Medical Center  
 Havana Middle School  
 438 West Brevard street  
 Tallahassee, FL 32301

Provider Number : 262263706  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.57	117.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263708 - 2019/10

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**

Neighborhood Medical Center  
 Havana Heights PH Clinic  
 438 West Brevard Street  
 Tallahassee, FL 32301

Provider Number : 262263708  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.57	117.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

262263709 - 2019/10

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**

Neighborhood Medical Center  
 Lincoln Center  
 438 West Brevard Street  
 Tallahassee, FL 32301

Provider Number : 262263709  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.57	117.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263710 - 2019/10

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**

Neighborhood Medical Center  
 Smith Williams Center  
 438 West Brevard Street  
 Tallahassee, FL 32301


Provider Number : 262263710  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.57	117.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

262263711 - 2019/10

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**

Neighborhood Medical Center  
 C V Butler Bldg  
 438 West Brevard Street  
 Tallahassee, FL 32301

Provider Number : 262263711  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.57	117.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263732 - 2019/10

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**

Neighborhood Health Services  
 3013 Jim Lee Road  
 Tallahassee, FL 32301

Provider Number : 262263732  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.57	117.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680002500 - 2019/10

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**

Camillus Health Concern, Inc.  
 336 N.W. Fifth Street  
 Miami, FL 331281616

Provider Number : 680002500  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Camillus Health Concern - 7th Ave  
 336 NW 5th Street  
 Miami, FL 331281616

Provider Number : 680002515  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Camillus Health Concern -38th Street  
 1907 NW 38th Street  
 Miami, FL 33142

Provider Number : 680002517  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#659 Room and Board			

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Florida Agency for Health Care Administration

680005000 - 2019/10

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**

Treasure Coast Community Health	Provider Number : 680005000
Fellsmere	Date : 10/04/2019
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.41	155.71	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

680005001 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Treasure Coast Community Health - Vero	Provider Number : 680005001
	Date : 10/04/2019
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.41	155.71	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Treasure Coast Community Health - Vero2	Provider Number : 680005002
	Date : 10/04/2019
12196 County Rd. 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.41	155.71	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Treasure Coast Comm Mental Health-Fellsmere	Provider Number : 680005011
	Date : 10/04/2019
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.41	155.71	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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680005013 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Treasure Coast Comm Hlth-21st Ave  
 1955 21st Ave  
 Vero Beach, Fl 32960

Provider Number : 680005013  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.41	155.71	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Treasure Coast Comm Hlth-Sebastian	Provider Number : 680005015
	Date : 10/04/2019
13507 US Hwy 1	Fiscal Year End : N/A
Sebastian, FL 32958	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.41	155.71	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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680005018 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Treasure Coast Vero Beach	Provider Number : 680005018
	Date : 10/04/2019
	Fiscal Year End : N/A
	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.41	155.71	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680005020 - 2019/10

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**

Treasure Coast Community Health	Provider Number : 680005020
	Date : 10/04/2019
465 28th Ct	Fiscal Year End : N/A
Vero Beach, FL 32967	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.41	155.71	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

680027100 - 2019/10

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**

Broward Comm & Family Health Centers, Inc  
 2518 N State Rd. 7  
 Hollywood, Fl 33021

Provider Number : 680027100  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680027102 - 2019/10

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**

Broward Community FH - North Powerline Road	Provider Number : 680027102
	Date : 10/04/2019
168 North Powerline Road	Fiscal Year End : N/A
Pompano Beach, FL 33069	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

680027104 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Broward Community & Family Health - West Park	Provider Number : 680027104
	Date : 10/04/2019
5010 Hollywood Blvd., Ste 100B	Fiscal Year End : N/A
Hollywood, FL 33021	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

680027106 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Broward Community & Family Health Centers  
 Central Broward Community Health Center  
 5010 Hollywood Blvd, Ste 100B  
 Hollywood, FL 330216557

Provider Number : 680027106  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680027108 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Broward Comm & Family Hlth Ctrs-Powerline Rd	Provider Number : 680027108
	Date : 10/04/2019
5010 Hollywood Blvd	Fiscal Year End : N/A
Hollywood, Fl 33021	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	150.66	152.92	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Manatee Rural County Health Ser - Arcadia FHC	Provider Number : 680996100
	Date : 10/04/2019
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.58	129.50	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

681471900 - 2019/10

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**

Central Florida Health Care-Dundee  
 950 CR 17A West  
 Avon Park, Fl 33825

Provider Number : 681471900  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

681969900 - 2019/10

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**

Community Health Centers, Inc. - Eatonville Med/Dent Center	Provider Number : 681969900
	Date : 10/04/2019
P.O. Box 4099	Fiscal Year End : N/A
Apopka, Fl 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	147.15	149.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

682960100 - 2019/10

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**

Central Florida Family Health Center-Hoffner	Provider Number : 682960100
	Date : 10/04/2019
5449 South Semoran Blvd	Fiscal Year End : N/A
Orange, Fl 32822	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.62	117.36	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683710700 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Tampa Community Health Center - Mobile Medical Center	Provider Number : 683710700
	Date : 10/04/2019
P.O. Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	128.09	130.02	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services - Horizon PCC  
 P.O. Box 12229  
 Naples, FL 34101

Provider Number : 683955003  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

683955005 - 2019/10

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**


Collier Hlth Svc-Creekside Pediatrics	Provider Number : 683955005
	Date : 10/04/2019
P.O Box 12229	Fiscal Year End : N/A
Naples, FL 34101	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

683955006 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services - Ronald McDonald	Provider Number : 683955006
	Date : 10/04/2019
P. O. Box 12229	Fiscal Year End : N/A
Naples, FL 34101	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services, Inc - Countryside Childrens Dental	Provider Number : 683955010
	Date : 10/04/2019
1454 Madison Avenue	Fiscal Year End : N/A
Imokalee, FL 33934	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services, Inc. - FSU Primary Care	Provider Number : 683955012
	Date : 10/04/2019
1454 Madison Avenue	Fiscal Year End : N/A
Imokalee, FL 33934	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services
UF Pediatric Dental Center
1454 Madison Ave W
Immokalee, FL 341422200

Provider Number : 683955014
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services
Creekside Family Practice
PO Box 12229
Naples, FL 341012229

Provider Number : 683955017
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services
Womens Care Naples
1454 Madison Ave
Immokalee, FL 341422200

Provider Number : 683955019
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services
Total Womens Care
1454 Madison Ave
Immokalee, Fl 34142

Provider Number : 683955021
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

683955023 - 2019/10

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**

Collier Health Svc
Friendship Hlth Ctr
1454 Madison Ave
Immokalee, Fl 34142

Provider Number : 683955023
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

683955024 - 2019/10

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**

Collier Health Svc-YMCA Rd  
 5450 YMCA Rd #102  
 Naples, FL 34109

Provider Number : 683955024  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Svc	Provider Number : 683955027
Dental Care Central	Date : 10/04/2019
1454 Madison Ave W	Fiscal Year End : N/A
Immokalee, FL 34142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services- Naples
6075 Bathey Lane
Naples, FL 34116

Provider Number : 683955031
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	154.97	157.29	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

684660200 - 2019/10

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**

FL Community Health Ctrs- St. Lucie  
 4450 South Tiffany Drive  
 West Palm Beach, FL 32407

Provider Number : 684660200  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

684660202 - 2019/10

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**

FL Community Health Ctrs- Hillmoor Dr.  
 1701 S.E. Hillmoor Dr.  
 Port St. Lucie, FL 34952

Provider Number : 684660202  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.20	129.11	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

I.M. Solzbacher Ctr for the Homeless	Provider Number : 686032000
	Date : 10/04/2019
611 E. Adams St	Fiscal Year End : N/A
Jacksonville, FL 32202	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

I.M. Solzbacher
Beaches Community Healthcare
611 E. Adams Street
Jacksonville, FL 32202

Provider Number : 686032002
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

686032006 - 2019/10

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**


I.M. Sulzbacher Center for the Homeless, Inc.	Provider Number : 686032006
	Date : 10/04/2019
5455 Springfield Blvd	Fiscal Year End : N/A
Jacksonville, FL 32208	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429100 - 2019/10

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**

Health Care Centers for Homeless - Westmoreland	Provider Number : 687429100
	Date : 10/04/2019
234 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

687429102 - 2019/10

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**

Health Care Centers for Homeless - Parramore	Provider Number : 687429102
	Date : 10/04/2019
234 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

687429104 - 2019/10

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**

Health Care Center for the Homeless	Provider Number : 687429104
	Date : 10/04/2019
232 N. Orange Blossom Trail	Fiscal Year End : N/A
32805, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

687429106 - 2019/10

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**

Health Care Center for the Homeless  
 Orange Blossom Family Health Center  
 232 N. Orange Blossom Trail  
 Orlando, FL 328051612

Provider Number : 687429106  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

687429108 - 2019/10

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**

Health Care Centers for the Homeless	Provider Number : 687429108
HTI, Orange Blossom Family Health	Date : 10/04/2019
232 North Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Health Care Center for the Homeless  
 Orange Blossom Family Health Center #12  
 232 N. Orange Blossom Trail  
 Orange, FL 328051612

Provider Number : 687429112  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

687429114 - 2019/10

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**

Health Care Ctr for the Homeless  
 232 N Orange Blossom Trail  
 Orlando, FL 32805-1612

Provider Number : 687429114  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429116 - 2019/10

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**

Health Care Center for the Homeless #16  
 Orange Blossom Family Hlth Ctr  
 232 N Orange Blossom Trail  
 Orlando, Fl 32805

Provider Number : 687429116  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

687429118 - 2019/10

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**

Health Care Ctr for the Homeless#18  
 Orange Blossom Family Hlth Ctr  
 232 N. Orange Blossom Trail  
 Orlando, Fl 32805

Provider Number : 687429118  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

687429120 - 2019/10

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**

Health Care Center for the Homless Inc  
 Orange Blossom Family Health Center- Evans  
 232 N. Orange Blossom Trail  
 Orlando, FL 32805-1612


Provider Number : 687429120  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

687429122 - 2019/10

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**

Health Care Center for the Homeless Orange Blossom Pediatrics	Provider Number : 687429122
	Date : 10/04/2019
701 W Livingston Street Bldg 800	Fiscal Year End : N/A
Orlando, FL 32803	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.60	145.76	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955100 - 2019/10

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**

Northeast Florida Health Svc - North Volusia Ave	Provider Number : 687955100
	Date : 10/04/2019
PO Box 527	Fiscal Year End : N/A
Pierson, FL 32180	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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687955102 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Northeast Florida Health Svcs - West Plymouth Ave	Provider Number : 687955102
	Date : 10/04/2019
PO Box 527	Fiscal Year End : N/A
Pierson, FL 32180	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Northeast Florida Health Services, Inc. - Deltona	Provider Number : 687955104
	Date : 10/04/2019
PO Box 527	Fiscal Year End : N/A
Pierson, FL 321800527	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Northeast Florida Health Services - Deland	Provider Number : 687955106
	Date : 10/04/2019
1015 N. Stone Street, Unit A	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

687955111 - 2019/10

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**

Northeast Florida Health Services  
 801 Beville Rd  
 South Daytona, FL 32119

Provider Number : 687955111  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

687955117 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Northeast Florida Health Services Deland	Provider Number : 687955117
	Date : 10/04/2019
1205 S Woodland Blvd	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.58	125.44	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Distribution:**

- Fiscal Agent
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

688412100 - 2019/10

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**

Pinellas County Board-Mobile Med Unit	Provider Number : 688412100
	Date : 10/04/2019
647 1st Ave. North	Fiscal Year End : N/A
St. Petersburg, FL 337013601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.39	117.12	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<table border="0"> <tr> <td><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Pinellas</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Pinellas	<table border="0"> <tr> <td><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

688571300 - 2019/10

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**

Citrus Health Network  
 4175 W. 20th Avenue  
 Hialeah, FL 33012

Provider Number : 688571300  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	155.23	157.56	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Dade</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Dade	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

688571302 - 2019/10

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**


Citrus Health Network	Provider Number : 688571302
	Date : 10/04/2019
551 West 51st Street Place, Second Floor	Fiscal Year End : N/A
Hialeah, FL 330123601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	155.23	157.56	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688571308 - 2019/10

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**

Citrus Health Network, E. 3rd St  
 4175 West 20th Ave.  
 Hialeah, FL 33012

Provider Number : 688571308  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	155.23	157.56	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688571310 - 2019/10

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**

Citrus Health Network-SW 26th St  
 4175 W. 20th Ave  
 Hialeah, Fl 33012

Provider Number : 688571310  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	155.23	157.56	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688571314 - 2019/10

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**

Citrus Health Network-Hialeah  
 4175 W 20th Ave  
 Hialeah, Fl 33012

Provider Number : 688571314  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	155.23	157.56	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></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 style="text-align: center;">Dade</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input 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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- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693100 - 2019/10

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**

The Brevard Health Alliance, Inc  
 5270 Babcock St NE  
 Palm Bay, FL 329054616

Provider Number : 688693100  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	146.11	148.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></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 style="text-align: center;">Brevard</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input 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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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

688693102 - 2019/10

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**

The Brevard Health Alliance - Hickory	Provider Number : 688693102
	Date : 10/04/2019
17 Silver Palm Ave.	Fiscal Year End : N/A
Melbourne, FL 329013231	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	146.11	148.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

688693106 - 2019/10

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**

The Brevard Health Alliance - County Clinic  
220 Barton Blvd, Unit C14  
Rockledge, FL 32955

Provider Number : 688693106  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	146.11	148.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
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<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Brevard	

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688693108 - 2019/10

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**

The Brevard Health Alliance - BHA Intl Mobile Unit  
  
220 Barton Blvd, Unit C14  
Rockledge, FL 32955

Provider Number : 688693108  
Date : 10/04/2019  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	146.11	148.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#659 Room and Board			

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<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Brevard	

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

The Brevard Health Alliance - N. Washington Ave	Provider Number : 688693112
	Date : 10/04/2019
500 N. Washington Ave., Ste 105	Fiscal Year End : N/A
Titusville, FL 32796	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	146.11	148.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis





**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Brevard Health Alliance	Provider Number : 688693114
	Date : 10/04/2019
775 Malabar Rd	Fiscal Year End : N/A
Malabar, FL 32950	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	146.11	148.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Brevard Health Alliance - Sarno	Provider Number : 688693119
	Date : 10/04/2019
PO Box 1137	Fiscal Year End : N/A
Melbourne, FL 329021137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	146.11	148.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

The Brevard Hlth Alliance- Cocoa  
 7227 North US Hwy 1  
 Cocoa, Fl 32927

Provider Number : 688693121  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	146.11	148.30	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

689693600 - 2019/10

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**

Pancare of Florida  
 2309 E. 15th Street  
 Panama City, FL 32405

Provider Number : 689693600  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693603 - 2019/10

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**


Pancare of Florida, Inc.	Provider Number : 689693603
Dental	Date : 10/04/2019
707 Jenks Ave., Suite A	Fiscal Year End : N/A
Panama City, FL 324012586	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

PanCare of Florida - Santa Rosa Bch	Provider Number : 689693604
CHC - Walton County	Date : 10/04/2019
361 Greenway Trail	Fiscal Year End : N/A
Santa Rosa Beach, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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689693605 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

PanCare of Florida - Bruce  
 431 Oak Ave.  
 Panama City, FL 32401

Provider Number : 689693605  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Pancare of Florida - Bristol  
 431 Oak Ave  
 Panama City, FL 32401

Provider Number : 689693607  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

PanCare of Florida - Blountstown	Provider Number : 689693609
	Date : 10/04/2019
431 Oak Ave	Fiscal Year End : N/A
Panama City, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

689693611 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Pancare of Florida - Bonifay	Provider Number : 689693611
	Date : 10/04/2019
431 Oak Ave	Fiscal Year End : N/A
Panama City, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

689693612 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Pancare of Florida - Chipley  
 431 Oak Ave  
 Panama City, FL 32401

Provider Number : 689693612  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

PanCare of Florida- Port St Joe	Provider Number : 689693615
	Date : 10/04/2019
403 11th St	Fiscal Year End : N/A
Panama City, Fl 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

PanCare of Florida-Wewahitchka	Provider Number : 689693617
	Date : 10/04/2019
403 E. 111th St	Fiscal Year End : N/A
Panama City, Fl 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

PanCare of Florida-Carrabelle  
 403 E. 11th St  
 Panama City, Fl 32401

Provider Number : 689693619  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


PanCare of Florida-Panama City	Provider Number : 689693621
	Date : 10/04/2019
4126 Independent Dr	Fiscal Year End : N/A
Marianna, FL 32448	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.59	129.51	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Florida Med. Ctr - Taylor Medical  
 255 W. River Road  
 Wewahitchka, FL 32465

Provider Number : 692957500  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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692990700 - 2019/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Escambia Community Clinics	Provider Number : 692990700
	Date : 10/04/2019
2200 N. Palafox St	Fiscal Year End : N/A
Pensacola, FL 32514	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Community Clinics, Inc.	Provider Number : 692990702
Santa Rosa Community Clinic	Date : 10/04/2019
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Community Clinics, Inc	Provider Number : 692990704
	Date : 10/04/2019
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Escambia Community Clinics, Inc.	Provider Number : 692990705
Lanza Pediatrics	Date : 10/04/2019
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

692990706 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Community Clinics, Inc.	Provider Number : 692990706
Lakeview Medical Clinic	Date : 10/04/2019
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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692990710 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Community Clinics Inc	Provider Number : 692990710
First Steps Pediatrics	Date : 10/04/2019
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 325011723	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

692990714 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Community Clinics	Provider Number : 692990714
	Date : 10/04/2019
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 325011723	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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692990716 - 2019/10

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Community Clinic	Provider Number : 692990716
Waterfront Rescue Mission	Date : 10/04/2019
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32505	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

692990718 - 2019/10

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**

Escambia Community Clinics
ECC Women's Health
14 W. Jordan Street
Pensacola, FL 32501

Provider Number : 692990718
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Community Clinics	Provider Number : 692990721
ECC at Cantonment Pediatrics	Date : 10/04/2019
14 W Jordan Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

692990722 - 2019/10

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**


Escambia Community Clinics	Provider Number : 692990722
ECC at Weis Elem	Date : 10/04/2019
2701 N "Q" St	Fiscal Year End : N/A
Pensacola, Fl 32505	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Comm Clinics
ECC at Century Pediatrics
501 Church St
Century, Fl 32535

Provider Number : 692990725
Date : 10/04/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

692990728 - 2019/10

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**

ECC Urgent Care	Provider Number : 692990728
	Date : 10/04/2019
14 W Jordan Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

692990732 - 2019/10

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**

Escambia Community Clinics	Provider Number : 692990732
	Date : 10/04/2019
5375 N 9th Avenue	Fiscal Year End : N/A
Pensacola, FL 32504	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.26	136.27	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

693564800 - 2019/10

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**

North Florida Med Ctr - Crestview Med Center  
 535 John Knox Rd  
 Tallahassee, FL 32303

Provider Number : 693564800  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

693564804 - 2019/10

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**

North Florida Medical Centers-Shalimar  
 2804 Remington Green Cir Ste 2  
 Tallahassee, FL 323081550

Provider Number : 693564804  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

693564806 - 2019/10

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**

North Florida Medical Center- Wright Pkwy  
 2804 Remington Green Cir Ste 2  
 Tallahassee, FL 323081550

Provider Number : 693564806  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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693564808 - 2019/10

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**

North Florida Medical Center-Land Rd  
 2804 Remington Green Cir Ste 2  
 Tallahassee, FL 323081550

Provider Number : 693564808  
 Date : 10/04/2019  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

693564810 - 2019/10

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**

North Florida Medical Centers- Fort Walton	Provider Number : 693564810
	Date : 10/04/2019
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A
Tallahassee, FL 323081550	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.79	116.52	10/01/2019
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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