



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

000640100 - 2016/10

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

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

Provider Number : 000640100  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<b>Rural Health Clinic</b>	118.25	119.55	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>			

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 100px;"><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 style="text-align: center;"><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 style="text-align: right;">Hendry</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		Hendry	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 100px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><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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**Distribution:**

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

For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

000707900 - 2016/10

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

Adventist Health System  
 Family Practice Center of Avon Park  
 1006 W. Pleasant Street  
 Avon Park, FL 338252966

Provider Number : 000707900  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

- Rural Health Clinic**
- Swing-Bed Provider**
- Federally Qualified Health Centers**
- Hospice Provider**
  - #651 Routine Home Care (1-60)**
  - #651a Routine Home Care (61 +)**
  - #652 Continuous Home Care**
  - #652a Continuous Home Care - SIA**
  - #655 Inpatient Respite Care**
  - #656 General Inpatient Care**
  - #658 Room and Board**

<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
80.61	81.50 ✓	10/01/2016

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 Medicaid Cost Reimbursement Analysis



**Florida Agency for Health Care Administration**  
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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

002351900 - 2016/10

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

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

Provider Number : 002351900  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

<b>Provider Type:</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>Rural Health Clinic</b>	135.69	137.18 ✓	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>			

<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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002352500 - 2016/10

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

Starke HMA, LLC  
 Shands Starke RHC  
 1550 S. Water Street  
 Starke, FL 320914511

Provider Number : 002352500  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

<b>Provider Type:</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>Rural Health Clinic</b>	167.54	169.38	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>			

<b>Basis :</b>	<b>Rate Type :</b>
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<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
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002954700 - 2016/10

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

Adventist Health Systems- FL Hosp. Heartland Med Ctr  
 Florida Hospital Wauchula Pioneer Medical Center  
 515 Carlton Street  
 Wauchula, FL 338733407

Provider Number : 002954700  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**


	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>	114.36	115.61	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 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 align="center">Hardee</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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 Tallahassee, Florida 32308

003227500 - 2016/10

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

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

Provider Number : 003227500  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

<b>Provider Type:</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>Rural Health Clinic</b>	81.15	82.05 ✓	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
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<b>#656 General Inpatient Care</b>			
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<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
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005955000 - 2016/10

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

Calhoun Liberty Hospital Assoc.  
 Calhoun Liberty Hospital Primary Care Clinic  
 20370 NE Burns Ave.  
 Blountstown, FL 324241045

Provider Number : 005955000  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

- Rural Health Clinic**
- Swing-Bed Provider**
- Federally Qualified Health Centers**
- Hospice Provider**
  - #651 Routine Home Care (1-60)**
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  - #652a Continuous Home Care - SIA**
  - #655 Inpatient Respite Care**
  - #656 General Inpatient Care**
  - #658 Room and Board**

Current Rate	New Rate	Effective Date
82.38	83.29 ✓	10/01/2016

<table border="1"> <thead> <tr> <th align="center" colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td align="center">X</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> <tr><td>_____</td><td align="center">Calhoun</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate	_____	Calhoun	<table border="1"> <thead> <tr> <th align="center" colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td align="center">X</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		X	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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Florida Agency for Health Care Administration

008004300 - 2016/10

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**

Sacred Heart Medical Group on the Gulf

Provider Number : 008004300

Date : 09/30/2016

Fiscal Year End : N/A

Audit Status : N/A

55 Avenue E

Apalachicola, FL 323201763

**Provider Type:**

Current Rate	New Rate	Effective Date
116.23	117.05 ✓	10/01/2016

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Franklin	

**Distribution:**

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 Tallahassee, Florida 32308

010834300 - 2016/10

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

Baker County Medical Services  
 Baker Rural Health Clinic  
 159 N 3rd Street  
 Macclenny, FL 320632103

Provider Number : 010834300  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	115.77	117.04	10/01/2016
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care (1-60)			
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**Florida Agency for Health Care Administration**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

253668401 - 2016/10

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

Hendry Family Care Ctr  
 Forbes Family Care Ctr  
 500 West Sagamore Ave  
 Clewiston, Fl 33440

Provider Number : 253668401  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

- Rural Health Clinic**
- Swing-Bed Provider**
- Federally Qualified Health Centers**
- Hospice Provider**
  - #651 Routine Home Care (1-60)**
  - #651a Routine Home Care (61 +)**
  - #652 Continuous Home Care**
  - #652a Continuous Home Care - SIA**
  - #655 Inpatient Respite Care**
  - #656 General Inpatient Care**
  - #658 Room and Board**

<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
141.22	142.77	10/01/2016

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><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 align="center"><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 align="right">Hendry</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		Hendry	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><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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<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

**Distribution:**

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For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration  
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372384401 - 2016/10

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

Healthmark of Walton

Provider Number : 372384401

4415 US Hwy 331

Date : 09/28/2016

DeFuniak Springs, Fl 32435

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic**

147.26                  148.88 ✓ 10/01/2016

**Swing-Bed Provider**

**Federally Qualified Health Centers**

**Hospice Provider**

**#651 Routine Home Care (1-60)**

**#651a Routine Home Care (61 +)**

**#652 Continuous Home Care**

**#652a Continuous Home Care - SIA**

**#655 Inpatient Respite Care**

**#656 General Inpatient Care**

**#658 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 align="right">Walton</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  
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660005100 - 2016/10

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

Chibley RHC  
  
 P.O. Box 918  
 Chibley, FL 32428

Provider Number : 660005100  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

<b>Provider Type:</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>Rural Health Clinic</b>	105.05	106.21 ✓	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>			

Basis :	Rate Type :
<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"/> Washington	

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Florida Agency for Health Care Administration

660037900 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Blountstown Family Practice

Provider Number : 660037900

Date : 09/28/2016

17808 NE Charley Johns St

Fiscal Year End : N/A

Blountstown, FL 32424

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

80.36

81.24

10/01/2016

Swing-Bed Provider

Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Calhoun. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Medicaid Cost Reimbursement Analysis



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660037901 - 2016/10

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

Monticello Family Medicine

Provider Number : 660037901

1549. S. Jefferson St

Date : 09/28/2016

Monticello, FL 32344

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**


	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>Rural Health Clinic</b>	80.36	81.24✓	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>			

<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	
Jefferson	

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660037902 - 2016/10

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

Quincy Medical Group

Provider Number : 660037902

178 LaSalle Dr  
 Quincy, FL 32351

Date : 09/28/2016

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<b>Rural Health Clinic</b>	80.36	81.24 ✓	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

<table border="0"> <tr> <td align="center" colspan="2"><b>Basis :</b></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 align="center"><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 align="center">Gadsden</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		Gadsden	<table border="0"> <tr> <td align="center" colspan="2"><b>Rate Type :</b></td> </tr> <tr> <td align="center"><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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Florida Agency for Health Care Administration

660037903 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wakulla Family Medicine
15 Council Moore Rd
Crawfordville, FL 32327

Provider Number : 660037903
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

660049201 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gateway Medical Clinic - Crestview

Provider Number : 660049201

127-C Redstone Ave
Crestview, FL 32539

Date : 09/28/2016

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Okaloosa. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

660058100 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Okaloosa Medical Center

Provider Number : 660058100

1045 US Hwy 331, Ste D

Date : 09/28/2016

DeFuniak, FL 32435

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Walton. Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration  
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660074300 - 2016/10

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

Center for Family Health  
  
 P.O. Box 2177  
 Arcadia, FL 34265

Provider Number : 660074300  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 80.37                  81.25 ✓    10/01/2016
- Swing-Bed Provider
- Federally Qualified Health Centers
- Hospice Provider
  - #651 Routine Home Care (1-60)
  - #651a Routine Home Care (61 +)
  - #652 Continuous Home Care
  - #652a Continuous Home Care - SIA
  - #655 Inpatient Respite Care
  - #656 General Inpatient Care
  - #658 Room and Board

Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input 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"/> Desoto	

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Florida Agency for Health Care Administration

660083200 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Butler Hospital RHC

Provider Number : 660083200

Date : 09/28/2016

850 E Main St

Fiscal Year End : N/A

Lake Butler, FL 32054

Audit Status : N/A

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: Rural Health Clinic, 159.67, 161.43, 10/01/2016

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Union. Rate Type options include Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration  
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 Tallahassee, Florida 32308

660092100 - 2016/10

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

Doctor's Memorial Hospital  
 Steinhatchee Family Center  
 1209 First Ave S.  
 Steinhatchee, Fl 32359

Provider Number : 660092100  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

Current Rate	New Rate	Effective Date
279.92	283.00	10/01/2016

- Rural Health Clinic**
- Swing-Bed Provider**
- Federally Qualified Health Centers**
- Hospice Provider**
- #651 Routine Home Care (1-60)**
- #651a Routine Home Care (61 +)**
- #652 Continuous Home Care**
- #652a Continuous Home Care - SIA**
- #655 Inpatient Respite Care**
- #656 General Inpatient Care**
- #658 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><input type="checkbox"/> Taylor</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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 Medicaid Cost Reimbursement Analysis

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



Florida Agency for Health Care Administration

660123500 - 2016/10

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

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

Provider Number : 660123500
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Lafayette. Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

660124300 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Practice

Provider Number : 660124300

1702 S. Jefferson St

Date : 09/28/2016

Perry, Fl 32348

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic 105.05 106.21/ 10/01/2016

Swing-Bed Provider

Federally Qualified Health Centers

Hospice Provider

- #651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Taylor. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (signature)
Medicaid Cost Reimbursement Analysis

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



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

660137500 - 2016/10

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

Nature Coast Family Health Services

Provider Number : 660137500

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

Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<b>Rural Health Clinic</b>	118.61	119.92 ✓	10/01/2016
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>			
<b>#651a Routine Home Care (61 +)</b>			
<b>#652 Continuous Home Care</b>			
<b>#652a Continuous Home Care - SIA</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>			

<table border="0" style="width:100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><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><input type="checkbox"/></td> <td>Collier</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	<input type="checkbox"/>	Collier	<table border="0" style="width:100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><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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