



**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

000162500 - 2016/10

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

First Coast Primary Care, Inc.

Provider Number : 000162500

3772 West Third Street

Date : 09/28/2016

Hilliard, FL 32046

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

Current Rate	New Rate	Effective Date
76.94	77.79	10/01/2016

<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">Nassau</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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**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**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

000255800 - 2016/10

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

The Health Clinic

Provider Number : 000255800

1351 South Blvd

Date : 09/28/2016

Chipley, FL 32428

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic** 76.94      77.79 ✓    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**  
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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

000387200 - 2016/10

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

Acute Care Pediatrics of Palm Coast, PA  
  
 397 SW Palm Coast Parkway, #309  
 Palm Coast, FL 32137

Provider Number : 000387200  
 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

**Current Rate    New Rate    Effective Date :**

76.94                      77.79 ✓    10/01/2016

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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 Tallahassee, Florida 32308

000997400 - 2016/10

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

Healthflo Medical Clinic, Inc.  
 Ridge Manor Medical Clinic  
 34498 Cortez Blvd  
 Ridge Manor, FL 335238908

Provider Number : 000997400  
 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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- #652 Continuous Home Care**
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Current Rate	New Rate	Effective Date
76.94	77.79 ✓	10/01/2016

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001165800 - 2016/10

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

Little Pine Pediatrics, PLLC

Provider Number : 001165800

1211 North Center Street

Date : 09/28/2016

Perry, FL 32347

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic** 76.94      77.79 ✓    10/01/2016
- Swing-Bed Provider**
- Federally Qualified Health Centers**
- Hospice Provider**
- #651 Routine Home Care (1-60)**
- #651a Routine Home Care (61 +)**
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- #658 Room and Board**

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 Tallahassee, Florida 32308

001165803 - 2016/10

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

Little Pine Pediatrics-Madison

Provider Number : 001165803

194 NE Hancock Ave  
 Madison, FL 32340

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

Current Rate	New Rate	Effective Date
77.32	78.17 ✓	10/01/2016

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001263800 - 2016/10

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

Roger C. Roque, MD PA  
 St. Francis Primary Care Clinic  
 720 North Bay Street, Suite 8  
 Eustis, FL 32726

Provider Number : 001263800  
 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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Current Rate	New Rate	Effective Date
76.94	77.79 ✓	10/01/2016

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W.Rydell Samuel, Administrator   
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001524200 - 2016/10

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

Avon Park Pediatrics, PA

Provider Number : 001524200

1571 US Hwy 27 North

Date : 09/28/2016

Avon Park, FL 33825

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 76.85      77.69 ✓    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

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 Tallahassee, Florida 32308

001532500 - 2016/10

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

North Florida Pediatrics - Lake City

Provider Number : 001532500

1859 SW Newland Way  
 Lake City, FL 320256966

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**

Current Rate	New Rate	Effective Date
81.30	82.19 ✓	10/01/2016

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001534800 - 2016/10

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

North Florida Pediatrics - Jasper  
  
 1117 US Highway 41 NW, Suite B  
 Jasper, FL 320525856

Provider Number : 001534800  
 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>
<input checked="" type="checkbox"/> Rural Health Clinic	81.30	82.19 ✓	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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 Tallahassee, Florida 32308

001589500 - 2016/10

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

West Florida Medical Associates, PA  
 Suncoast Primary Care Specialists - Inverness  
 3733 Gulf To Lake Hwy.  
 Inverness, FL 344534830

Provider Number : 001589500  
 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
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- #656 General Inpatient Care
- #658 Room and Board

Current Rate	New Rate	Effective Date
76.92	77.77	10/01/2016

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001768600 - 2016/10

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

Tri County Primary Care, Inc.  
 Tri County Primary Care - Dixie Co.  
 306 NE Hwy 351  
 Cross City, FL 32628

Provider Number : 001768600  
 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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Current Rate	New Rate	Effective Date
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002074400 - 2016/10

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

Wakulla Urgent Care and Diagnostic Ctr PLC

Provider Number : 002074400

2615 Crawfordville Hwy, Suite 103

Date : 09/28/2016

Crawfordville, FL 323272169

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 +)
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Current Rate	New Rate	Effective Date
76.93	77.78 ✓	10/01/2016

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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**  
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 Tallahassee, Florida 32308

002335400 - 2016/10

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

Sun n Lake Medical Group - Lake Placid

Provider Number : 002335400

511 West Interlake Blvd.

Date : 09/28/2016

Lake Placid, FL 33852

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

Current Rate	New Rate	Effective Date
76.93	77.78 ✓	10/01/2016

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 Tallahassee, Florida 32308

002952100 - 2016/10

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

Pediatric & Internal Medicine Specialists, PA

Provider Number : 002952100

PO Box 2066

Date : 09/28/2016

Lecanto, FL 34461

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic** 77.08      77.93 ✓    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**
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- #656 General Inpatient Care**
- #658 Room and Board**

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 Medicaid Cost Reimbursement Analysis

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002983100 - 2016/10

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

PRQ, Inc.  
 Pediatric Partners of Winter Haven  
 550 Pope Ave NW  
 Winter Haven, FL 33881

Provider Number : 002983100  
 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

Current Rate	New Rate	Effective Date
76.88	77.72 ✓	10/01/2016

<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"/> 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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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





**Florida Agency for Health Care Administration**  
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002983300 - 2016/10

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

Dorothy J. Ray, MD  
 Pediatric Associates of Lakeland  
 2140 East Edgewood Drive  
 Lakeland, FL 33803

Provider Number : 002983300  
 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
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Current Rate	New Rate	Effective Date
76.88	77.72	✓ 10/01/2016

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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

003129100 - 2016/10

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

West Florida Medical Associates, PA

Provider Number : 003129100

402 W. Highland Blvd.

Date : 09/28/2016

Inverness, FL 344524718

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic** 77.08      77.93 /    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**  
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003198500 - 2016/10

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

Premier Pediatrics, LLC

Provider Number : 003198500

7960 SW 60th Ave.

Date : 09/28/2016

Ocala, FL 344766457

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic** 77.11      77.96 ✓      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**
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 Medicaid Cost Reimbursement Analysis



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003198505 - 2016/10

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

Premier Pediatrics - Dunnellon

Provider Number : 003198505

7960 SW 60th Ave, Ste 100

Date : 09/28/2016

Ocala, FL 344768307

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

Current Rate	New Rate	Effective Date
77.36	78.21	10/01/2016

<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">Marion</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



**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

003432700 - 2016/10

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

High Springs Pediatrics, LLC

Provider Number : 003432700

210 NW 1st Ave.

Date : 09/28/2016

High Springs, FL 326431002

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

Current Rate	New Rate	Effective Date
77.08	77.93 ✓	10/01/2016

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

003492200 - 2016/10

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

Romulo J. Camogliano, MD PA

Provider Number : 003492200

1400 N US Highway 441, Bldg 900, Suite 902

Date : 09/28/2016

The Villages, FL 321598975

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- |                                     |                                    |       |         |            |
|-------------------------------------|------------------------------------|-------|---------|------------|
| <input checked="" type="checkbox"/> | Rural Health Clinic                | 77.08 | 77.93 J | 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                |       |         |            |

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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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

003557700 - 2016/10

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

Grace Healthcare Solutions, Inc.

Provider Number : 003557700

7368 State Road 15, US 441

Date : 09/28/2016

Pahokee, FL 334761736

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- |                                     |   |       |         |            |
|-------------------------------------|---|-------|---------|------------|
| <input checked="" type="checkbox"/> | <b>Rural Health Clinic</b>                | 77.10 | 77.95 / | 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                       |       |         |            |

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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

003682000 - 2016/10

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

West Florida Medical Associates, PA  
 Suncoast Primary Care Specialists - Homasassa  
 7991 S. Suncoast Blvd.  
 Homasassa, FL 344465005

Provider Number : 003682000  
 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

Current Rate	New Rate	Effective Date
77.08	77.93 ✓	10/01/2016

<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">Citrus</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





**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

004510300 - 2016/10

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

West Florida Medical Associates  
 Nature Coast Family Medical Clinic  
 PO Box 640573  
 Beverly Hills, FL 344533838

Provider Number : 004510300  
 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**

Current Rate	New Rate	Effective Date
77.32	78.17	10/01/2016

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

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

004567100 - 2016/10

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

Ira Fialko, DO, PA  
  
 6171 West Gulf to Lake Highway  
 Crystal River, FL 344292679

Provider Number : 004567100  
 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

Current Rate	New Rate	Effective Date
77.32	78.17	10/01/2016

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 Tallahassee, Florida 32308

004690000 - 2016/10

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

Horizon Pediatrics LLC  
  
 611 Demorest Street SE  
 Live Oak, FL 320643322

Provider Number : 004690000  
 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
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Current Rate	New Rate	Effective Date
77.32	78.17	10/01/2016

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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

004770700 - 2016/10

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

Mohammad Afzal, MD  
 Professional Pediatrics  
 1050 US HWY 27N Suite 5  
 Clermont, FL 34714

Provider Number : 004770700  
 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
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**Current Rate    New Rate    Effective Date**

77.32                      78.17 ✓    10/01/2016

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><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>Lake</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"/>	Lake	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><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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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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004771000 - 2016/10

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

Afzal Mohammad MD  
 Tavares Pediatrics Inc  
 2523 Dora Ave  
 Tavares, FL 32778

Provider Number : 004771000  
 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

Current Rate	New Rate	Effective Date
77.32	78.17	10/01/2016

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005919400 - 2016/10

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

West Florida Medical Assoc. PA

Provider Number : 005919400

3775 N. Lecanto Hwy

Date : 09/28/2016

Beverly Hills, FL 344653504

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 77.32      78.17      10/01/2016
- Swing-Bed Provider
- Federally Qualified Health Centers
- Hospice Provider
  - #651 Routine Home Care (1-60)
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  - #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"><input type="checkbox"/> Citrus</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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005951500 - 2016/10

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

West Florida Medical Associates, PA  
 Deven Medical Center  
 11707 N. Williams Street, Suite 2  
 Dunnellon, FL 34432

Provider Number : 005951500  
 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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**Current Rate    New Rate    Effective Date**

77.32                      78.17 ✓    10/01/2016

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 Tallahassee, Florida 32308

006247200 - 2016/10

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

Kids Health Alliance, PA

Provider Number : 006247200

2650 NW 2nd Street, Suite 100

Date : 09/28/2016

Ocala, FL 344756234

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 77.32      78.17 ✓    10/01/2016
- Swing-Bed Provider
- Federally Qualified Health Centers
- Hospice Provider
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006309100 - 2016/10

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

Dynamic Health Centers

Provider Number : 006309100

2806 W. US Highway 90, Suite 102

Date : 09/28/2016

Lake City, FL 320554745

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 77.32      78.17 ✓ 10/01/2016
- Swing-Bed Provider
- Federally Qualified Health Centers
- Hospice Provider
  - #651 Routine Home Care (1-60)
  - #651a Routine Home Care (61 +)
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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

006441200 - 2016/10

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

Gulf Coast Healthcare System  
 Urgent and Convenient Care Center  
 700 South Main Street  
 LaBelle, FL 339354440

Provider Number : 006441200  
 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
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Current Rate	New Rate	Effective Date
77.32	78.17	✓ 10/01/2016

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 Medicaid Cost Reimbursement Analysis



**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

006449300 - 2016/10

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

Sonnis Pediatrics PA

Provider Number : 006449300

1125 South Sixth Avenue  
 Wauchula, FL 33873

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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Current Rate	New Rate	Effective Date
77.32	78.17	✓ 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  
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006480000 - 2016/10

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

Sunshine Pediatrics of Ocala, PA  
  
 1900 SW 20th Place  
 Ocala, FL 344717870

Provider Number : 006480000  
 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
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Current Rate	New Rate	Effective Date
77.32	78.17	10/01/2016

<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><input type="checkbox"/></td><td>Marion</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	<input type="checkbox"/>	Marion	<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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- Program Development:

\_\_\_\_\_ 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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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

007197500 - 2016/10

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

Louis J. Radnothy, DO

Provider Number : 007197500

390 S. Central Ave.

Date : 09/28/2016

Umatilla, FL 327842325

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 77.26            78.11 ✓ 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Basis :</th> <th style="width: 10px;"></th> </tr> <tr> <td style="padding: 2px;">Budget</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Unaudited costs</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Desk audited costs</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Field audited costs</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Medicare - Prospective</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Payment System Rate</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Average Nursing Home Rate</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Lake</td> <td style="width: 10px;"></td> </tr> </table>	Basis :		Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		Average Nursing Home Rate		Lake		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Rate Type :</th> <th style="width: 10px;"></th> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Prospective</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Total Prospective</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Prospective Adjusted for New costs</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Interim</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Total Interim</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">Settlement based on costs</td> <td style="width: 10px;"></td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs	
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 Medicaid Cost Reimbursement Analysis

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

007210600 - 2016/10

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

Weirsdale Family Health Center Inc.

Provider Number : 007210600

16400 South Highway 25

Date : 09/28/2016

Wiersdale, FL 321952442

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 77.26      78.11 ✓    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

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

007864900 - 2016/10

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

A Womans Place, Inc.

Provider Number : 007864900

1415 NW 23rd Ave.

Date : 09/28/2016

Chiefland, FL 326440058

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	Rural Health Clinic	77.26	78.11	✓	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				

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008413600 - 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

University of Florida College of Nursing
Archer Family Health Care
16939 SW 134th Ave
Archer, FL 326185413

Provider Number : 008413600
Date : 09/30/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

- X 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

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: 77.26, 78.11, 10/01/2016

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Alachua. Rate Type includes Prospective (checked), 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
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  
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 Tallahassee, Florida 32308

008611300 - 2016/10

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

Dr. Dale Mitchum  
 Southern Health Clinic  
 2910 Hospital Drive  
 Bonifay, FL 32425

Provider Number : 008611300  
 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

Current Rate	New Rate	Effective Date
77.26	78.11	✓ 10/01/2016

<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"/> Washington</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



**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

009115200 - 2016/10

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

OB & GYN OF NE FL, PA

Provider Number : 009115200

PO Box 658

Date : 09/28/2016

Palatka, FL 321770658

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	Rural Health Clinic	77.26	78.11	✓	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				

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

009615800 - 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

Nature Coast Medical Group PA

Provider Number : 009615800

130 SW 7th Street

Date : 09/30/2016

Williston, FL 326962404

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. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various home care codes.

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

Distribution:

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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  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

009634300 - 2016/10

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

Magnolia Pediatrics LLC

Provider Number : 009634300

1140 SW Bascom Norris Drive Ste 104

Date : 09/28/2016

Lake City, FL 320251329

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

**Current Rate    New Rate    Effective Date**

77.26                      78.11    /    10/01/2016

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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

009872600 - 2016/10

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

AIDS Healthcare Foundation  
 Positive Healthcare Mobile Clinic  
 1001 N Martel Ave  
 West Hollywood, CA 900466611

Provider Number : 009872600  
 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

Current Rate	New Rate	Effective Date
77.27	78.12	✓ 10/01/2016

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 Tallahassee, Florida 32308

010139400 - 2016/10

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

Pioneer Health Alliance Inc  
 Sumter Medical Center  
 1580 Santa Barbara Blvd, Ste B  
 The Villages, FL 321596828

Provider Number : 010139400  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.36	78.21	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
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<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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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

010332700 - 2016/10

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

Healthflo Medical Clinics  
 Bushnell Medical Clinic  
 117 W Belt Ave, Ste A  
 Bushnell, FL 33513

Provider Number : 010332700  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.76	79.63	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

010633400 - 2016/10

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

Grace Pediatrics PL

Provider Number : 010633400

4196 W US Highway 90 STE 105

Date : 09/28/2016

Lake City, FL 320558834

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 77.36      78.21 ✓ 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
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  - #655 Inpatient Respite Care
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010697700 - 2016/10

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

Origins Family Medical & Weight Loss Clinic  
  
 194 SW Wall Ter  
 Lake City, FL 320255086

Provider Number : 010697700  
 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
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Current Rate	New Rate	Effective Date
77.36	78.21	✓ 10/01/2016

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 Tallahassee, Florida 32308

010748000 - 2016/10

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

Dynamic Health Centers - Lake Butler  
  
 10348 SW 32nd Ave  
 Gainesville, FL 32054

Provider Number : 010748000  
 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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Current Rate	New Rate	Effective Date
77.36	78.21	10/01/2016

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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010801000 - 2016/10

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

Williston Rural Health and Wellness Clinic

Provider Number : 010801000

300A NW 1st Ave  
 Williston, FL 32696

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

Current Rate	New Rate	Effective Date
77.26	78.11	10/01/2016

<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"/> Levy</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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010855400 - 2016/10

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

Premier Medical Pediatric Clinic

Provider Number : 010855400

315 East Ash Street  
 Perry, FL 323472029

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

Current Rate	New Rate	Effective Date
76.94	77.79	10/01/2016

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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012588500 - 2016/10

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

Emory Medical Corp  
 Womens Center of Florida  
 PO Box 1646  
 Lake City, FL 320561646

Provider Number : 012588500  
 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

Current Rate	New Rate	Effective Date
77.36	78.21	10/01/2016

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 Tallahassee, Florida 32308

013075500 - 2016/10

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

Graceville Family Medicine

Provider Number : 013075500

Date : 09/28/2016

PO Box 36

Fiscal Year End : N/A

Graceville, FL 324400036

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic** 77.36      78.21 ✓ 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**

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014637300 - 2016/10

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

First Coast Obstetrics & Gynecology

Provider Number : 014637300

PO Box 519

Date : 09/28/2016

Palatka, FI 32178-0519

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	77.36	78.21	✓ 10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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 Tallahassee, Florida 32308

014683500 - 2016/10

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

Sumter Pediatrics  
 Mohammad Afzal  
 265 Citrus Tower Blvd Ste 102  
 Clermont, FL 34711

Provider Number : 014683500  
 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 +)
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  - #656 General Inpatient Care
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Current Rate	New Rate	Effective Date
77.36	78.21	✓ 10/01/2016

<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">Sumter</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   
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**Florida Agency for Health Care Administration**  
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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

015048100 - 2016/10

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

North Florida Pediatrics-Columbia Co

Provider Number : 015048100

1859 SW Newland Way

Date : 09/28/2016

Lake City, FL 32025

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- |                                     |                                    |       |       |              |
|-------------------------------------|------------------------------------|-------|-------|--------------|
| <input checked="" type="checkbox"/> | Rural Health Clinic                | 77.35 | 78.20 | ✓ 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                |       |       |              |

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015420600 - 2016/10

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

Physicians Assistant Services  
 Citra Family Health  
 17805 N US Hwy 301  
 Citra, FL 32113

Provider Number : 015420600  
 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

Current Rate	New Rate	Effective Date
77.01	77.86	10/01/2016

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016431000 - 2016/10

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

Premier Pediatrics-Silver Springs

Provider Number : 016431000

7960 SW 60th Ave Ste 1

Date : 09/28/2016

Ocala, Fl 34476

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic 77.32      78.17 ✓ 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
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  - #655 Inpatient Respite Care
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016554200 - 2016/10

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

SNC Holding Co  
 Citra Family Hlth  
 17805 N US Hwy 301  
 Citra, Fl 32113

Provider Number : 016554200  
 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

Current Rate	New Rate	Effective Date
77.33	78.18 ✓	10/01/2016

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016770200 - 2016/10

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

Live Oak  
 Hamilton Primary Care  
 1150 US Hwy 41 NW STE 11  
 Jasper, FL 32052

Provider Number : 016770200  
 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
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- #655 Inpatient Respite Care
- #656 General Inpatient Care
- #658 Room and Board

Current Rate	New Rate	Effective Date
77.32	78.17	✓ 10/01/2016

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017470000 - 2016/10

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

High Springs Pediatrics  
 Alachua Pediatrics & Primary Care  
 14900 NW 140th St  
 Alachua, FL 32615

Provider Number : 017470000  
 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
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Current Rate	New Rate	Effective Date
77.32	78.17	10/01/2016

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 Tallahassee, Florida 32308

018056100 - 2016/10

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

Jay Hospital  
 Baptist Medical Group-Century  
 8401 N Century BLVD  
 Century, FL 32535

Provider Number : 018056100  
 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
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Current Rate	New Rate	Effective Date
77.32	78.17 ✓	10/01/2016

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

029506000 - 2016/10

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

Trenton Medical Center

Provider Number : 029506000

911 S. Main St

Date : 09/28/2016

Trenton, FL 32693

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic** 82.77      83.68    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**

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 Tallahassee, Florida 32308

029511600 - 2016/10

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

Advent Christian Home

Provider Number : 029511600

23730 Park Circle Dr

Date : 09/28/2016

Dowling Park, FL 32064

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic** 75.91      76.74    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**

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060245101 - 2016/10

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

Acorn Rural Health Clinic

Provider Number : 060245101

23320 North State Road 235

Date : 09/28/2016

Brooker, FL 32622

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

		<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>X</b>	<b>Rural Health Clinic</b>	80.03	80.91 ✓	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			

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063363101 - 2016/10

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

Kid's Care Pediatrics

Provider Number : 063363101

6910 Old Wolf Bay Rd  
 Palatka, FL 32177

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

Current Rate	New Rate	Effective Date
81.30	82.19	10/01/2016

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251469901 - 2016/10

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

Heartland Pediatrics of L.W

Provider Number : 251469901

1356 State Rd 60 East

Date : 09/28/2016

Lake Wales, Fl 33853

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	Rural Health Clinic	72.17	72.97 <sup>✓</sup>	10/01/2016
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#651 Routine Home Care (1-60)			
	#651a Routine Home Care (61 +)			
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	#652a Continuous Home Care - SIA			
	#655 Inpatient Respite Care			
	#656 General Inpatient Care			
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253535101 - 2016/10

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

Heartland Pediatrics of L. P  
  
 344 East Royal Palm St, Ste 3  
 Lake Placid, Fl 33852

Provider Number : 253535101  
 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

Current Rate	New Rate	Effective Date
72.16	72.96 ✓	10/01/2016

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<input checked="" type="checkbox"/> Payment System Rate																																	
Average Nursing Home Rate																																	
Highlands																																	
Rate Type :																																	
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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   
 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

259715200 - 2016/10

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

MJS Trust  
  
 3750 US 27 North  
 Sebring, FL 33870

Provider Number : 259715200  
 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

Current Rate	New Rate	Effective Date
77.53	78.39 <sup>v</sup>	10/01/2016

<table border="1" style="width: 100%;"> <tr> <td 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><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>Highlands</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"/>	Highlands	<table border="1" style="width: 100%;"> <tr> <td colspan="2"><b>Rate Type :</b></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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**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**  
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 Tallahassee, Florida 32308

259716100 - 2016/10

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

Sebring Medical Walk-In Clinic  
  
 343 South Commerce Ave  
 Sebring, FL 33870

Provider Number : 259716100  
 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

Current Rate	New Rate	Effective Date
73.85	74.66 ✓	10/01/2016

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"/> Highlands	

**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**  
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 Tallahassee, Florida 32308

370861601 - 2016/10

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

Children's Medical Clinic  
  
 1002 SW 11th Street  
 Live Oak, FL 32064

Provider Number : 370861601  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**


	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> <b>Rural Health Clinic</b>	72.00	72.79	10/01/2016
<input type="checkbox"/> <b>Swing-Bed Provider</b>			
<input type="checkbox"/> <b>Federally Qualified Health Centers</b>			
<input type="checkbox"/> <b>Hospice Provider</b>			
<input type="checkbox"/> <b>#651 Routine Home Care (1-60)</b>			
<input type="checkbox"/> <b>#651a Routine Home Care (61 +)</b>			
<input type="checkbox"/> <b>#652 Continuous Home Care</b>			
<input type="checkbox"/> <b>#652a Continuous Home Care - SIA</b>			
<input type="checkbox"/> <b>#655 Inpatient Respite Care</b>			
<input type="checkbox"/> <b>#656 General Inpatient Care</b>			
<input type="checkbox"/> <b>#658 Room and Board</b>			

<table border="0"> <tr> <td align="center"><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 align="center">Suwannee</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		Suwannee	<table border="0"> <tr> <td align="center"><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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**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

370861604 - 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

Children's Medical Center

Provider Number : 370861604

789 West Duval Street

Date : 09/28/2016

Lake City, FL 32055

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- X 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

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 X), Average Nursing Home Rate, and Columbia. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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

372143401 - 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**

Jack M. Matheny RHC

Provider Number : 372143401

205 Zeagler Drive, Suite #101

Date : 09/28/2016

Palatka, FL 32177

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	Rural Health Clinic	81.30	82.19	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 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>Putnam</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"/>	Putnam	<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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**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  
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 Tallahassee, Florida 32308

375159701 - 2016/10

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

Milla Pediatrics

Provider Number : 375159701

426 SW Commerce Dr, Suite 101  
 Lake City, FL 32025

Date : 09/28/2016

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**


	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	80.50	81.39	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #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">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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**Distribution:**

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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

377682401 - 2016/10

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

Sebring Pediatrics  
  
 1550 Lakeview Dr.  
 Sebring, FL 33870

Provider Number : 377682401  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	76.02	76.85	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #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><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>Highlands</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"/>	Highlands	<table border="0"> <tr> <td align="center" colspan="2"><b>Rate Type :</b></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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**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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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

377827401 - 2016/10

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

Shoreline Medical Group

Provider Number : 377827401

419 Baltzell Avenue

Date : 09/28/2016

Port St. Joe, FL 32456

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

Current Rate	New Rate	Effective Date
79.65	80.53	10/01/2016

<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"><input type="checkbox"/> Franklin</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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**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**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

660018200 - 2016/10

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

Heartland Pediatric Associates

Provider Number : 660018200

7215 US Hwy 27 North

Date : 09/28/2016

Sebring, FL 33870

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>
76.49	77.33	10/01/2016

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660018201 - 2016/10

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

Heartland Pediatric Associates  
  
 120 Heartland Way  
 Wauchula, FL 338375000

Provider Number : 660018201  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	72.35	73.14	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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660022100 - 2016/10

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

Jay Medical Center  
  
 14088 Alabama St  
 Jay, FL 32565

Provider Number : 660022100  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

		Current Rate	New Rate		Effective Date
X	<b>Rural Health Clinic</b>	83.02	83.93	-	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				

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660024700 - 2016/10

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

Physicians Partners Network  
  
 605 Lamar Ave  
 Brooksville, FL 34601

Provider Number : 660024700  
 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

Current Rate	New Rate	Effective Date
79.52	80.39 ✓	10/01/2016

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660026300 - 2016/10

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

Community Medical Ctr.-Deland

Provider Number : 660026300

1190 North Stone Street  
 Deland, FL 32720

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

Current Rate	New Rate	Effective Date
82.41	83.32✓	10/01/2016

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660026302 - 2016/10

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

Comm. Medical Ctr.-Orange Cty.

Provider Number : 660026302

810 Commed Boulevard

Date : 09/28/2016

Orange City, FL 32763

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	<b>Rural Health Clinic</b>	77.34	78.19	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			

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660027100 - 2016/10

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

N. Fl. Pediatrics RHC

Provider Number : 660027100

4316 Fifth Avenue

Date : 09/28/2016

Marianna, FL 32446

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

Current Rate	New Rate	Effective Date
81.30	82.19	10/01/2016

<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">Jackson</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**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

660039500 - 2016/10

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

Yunus Rural Health Clinic  
 Mohammad Yunus, MD  
 404 East Hwy 90  
 Bonifay, FL 32425

Provider Number : 660039500  
 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

Current Rate	New Rate	Effective Date
81.30	82.19	10/01/2016

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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**  
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660046800 - 2016/10

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

Richard A. Campbell RHC  
  
 105 Tomoka Boulevard South  
 Lake Placid, FL 33852

Provider Number : 660046800  
 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

Current Rate	New Rate	Effective Date
80.94	81.83	10/01/2016

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660052200 - 2016/10

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

Wimauma Family Health Center  
  
 5121 State Rd 674  
 Wimauma, FL 33598

Provider Number : 660052200  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> <b>Rural Health Clinic</b>	76.96	77.81 ✓	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>			

<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">Hillsborough</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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660053100 - 2016/10

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

Children's Clinic

Provider Number : 660053100

1100 N. Main St

Date : 09/28/2016

Belle Glade, FL 33430

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	<b>Rural Health Clinic</b>	81.30	82.19	10/01/2016
	<b>Swing-Bed Provider</b>			
	<b>Federally Qualified Health Centers</b>			
	<b>Hospice Provider</b>			
	#651 Routine Home Care (1-60)			
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**Distribution:**

Fiscal Agent

Contract Management

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





**Florida Agency for Health Care Administration**  
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660054900 - 2016/10

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

Marion RHC dba Forest Family Health  
  
 15932 E. 40  
 Silver Springs, FL 34488

Provider Number : 660054900  
 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>
<input checked="" type="checkbox"/>	<b>Rural Health Clinic</b>	80.16	81.04	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>			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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660056500 - 2016/10

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

Ahmad T. Ismail RHC

Provider Number : 660056500

110 E. Byrd Avenue  
 Bonifay, FL 32425

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

Current Rate	New Rate	Effective Date
71.65	72.44	10/01/2016

<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">Holmes</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



**Florida Agency for Health Care Administration**  
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660065400 - 2016/10

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

Meena Nathan Medical Center

Provider Number : 660065400

840 South Bea Ave

Date : 09/28/2016

Inverness, Fl 34452

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	75.20	76.03 ✓	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

660069700 - 2016/10

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

Florida Family Rural Hlth Care  
  
 2398 N. Beach Dr., Suite 100  
 Avon Park, Fl 33825

Provider Number : 660069700  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	80.03	80.91	✓ 10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 Continuous Home Care			
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<input type="checkbox"/> #658 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  
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660070100 - 2016/10

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

Express Care of Belleview, Inc  
  
 10762 S US Hwy 441  
 Belleview, FL 34420

Provider Number : 660070100  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.32	81.20	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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660071900 - 2016/10

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

Nature Coast Family Medical  
 Nature Coast Family  
 3400 N. Lecanto Hwy Suite A  
 Beverly Hills, Fl 34464

Provider Number : 660071900  
 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**

Current Rate	New Rate	Effective Date
76.94	77.79 ✓	10/01/2016

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660072700 - 2016/10

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

Rajendra P. Bellam MD

Provider Number : 660072700

11707 N. Williams St Suite 3  
 Dunnellon, Fl 34432

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**

Current Rate	New Rate	Effective Date
78.57	79.43	10/01/2016

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	
Marion	

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660075100 - 2016/10

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

Charles S. Li MD  
  
 7647 W. Gulf Lake Hwy  
 Crystal River, FL 34429

Provider Number : 660075100  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	75.77	76.60	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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 Medicaid Cost Reimbursement Analysis





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660075101 - 2016/10

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

Citrus Springs RHC

Provider Number : 660075101

10489 N. Fl Ave

Date : 09/28/2016

Citrus Springs, Fl 34434

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Rural Health Clinic**  
**Swing-Bed Provider**

Current Rate	New Rate	Effective Date
75.77	76.60	10/01/2016

**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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660076000 - 2016/10

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

WFMA- Beverly Hills Med Ctr  
 Alugubelli & Patel MD  
 3745 N Lecanto Hwy  
 Beverly Hills, Fl 34465

Provider Number : 660076000  
 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

Current Rate	New Rate	Effective Date
79.55	80.42	10/01/2016

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 Tallahassee, Florida 32308

660087500 - 2016/10

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

Palm Glades Rural Hlth Assoc  
  
 217 W Ave  
 Belle Glade, Fl 33430

Provider Number : 660087500  
 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

Current Rate	New Rate	Effective Date
79.06	79.93	10/01/2016

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**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

660089100 - 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

Hernando Medical Center
10489 N Florida Ave
Citrus Springs, Fl 34434

Provider Number : 660089100
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

- X 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

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 78.03, 78.89, 10/01/2016

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

Distribution:

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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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660100600 - 2016/10

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

David A. Miller, MD, PA  
 Everglades Family Medicine  
 170 S. Barfield Hwy #102  
 Pahokee, FL 33476

Provider Number : 660100600  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

		Current Rate	New Rate		Effective Date
X	<b>Rural Health Clinic</b>	77.34	78.19	✓	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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 150px;"><b>Basis :</b></td> <td style="padding: 2px;">Budget</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Unaudited costs</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Desk audited costs</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Field audited costs</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Medicare - Prospective</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">X</td> <td style="padding: 2px;">Payment System Rate</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Average Nursing Home Rate</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px; text-align: center;">Collier</td> </tr> </table>	<b>Basis :</b>	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate	_____	Collier	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 150px;"><b>Rate Type :</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">X</td> <td style="padding: 2px;">Prospective</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Total Prospective</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Prospective Adjusted for New costs</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Interim</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Total Interim</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="padding: 2px;">Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		X	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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**Distribution:**

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

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660103100 - 2016/10

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

Lake Pediatrics

Provider Number : 660103100

4880 N Hwy 19A

Date : 09/28/2016

Mt. Dora, Fl 32757

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> <b>Rural Health Clinic</b>	78.42	79.28	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>			

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660109000 - 2016/10

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

Raypar  
 Family Wellness Center  
 1064 North Broadway Ave  
 Bartow, FL 33830

Provider Number : 660109000  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.71	75.53	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<table border="0"> <tr><td><b>Basis :</b></td></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><input type="checkbox"/> Polk</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"/> Polk	<table border="0"> <tr><td><b>Rate Type :</b></td></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>	<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



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 Tallahassee, Florida 32308

660121900 - 2016/10

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

Birth & Beyond P.A  
  
 1326 SR 100  
 Grandin, Fl 32138

Provider Number : 660121900  
 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**

Current Rate	New Rate	Effective Date
78.42	79.28	10/01/2016

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 Medicaid Cost Reimbursement Analysis

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660129400 - 2016/10

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

Family Meidcal Group (Sebring)

Provider Number : 660129400

3420 US 27 North

Date : 09/28/2016

Sebring, Fl 33870

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	Rural Health Clinic	79.17	80.04	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			
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	#656 General Inpatient Care			
	#658 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

660132400 - 2016/10

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

Oak Hill Medical

Provider Number : 660132400

185A North Rt. 1, PO Box 373

Date : 09/28/2016

Oak Hill, FL 32759

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

Rural Health Clinic

**Current Rate    New Rate    Effective Date**

77.09                    77.94    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"/> Volusia	

**Distribution:**

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



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 Tallahassee, Florida 32308

660135900 - 2016/10

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

North Florida Pediatrics -Sneads

Provider Number : 660135900

7997 Hwy 90

Date : 09/28/2016

Sneads, FL 32460

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Rural Health Clinic  
Swing-Bed Provider**

Current Rate	New Rate	Effective Date
81.30	82.19	10/01/2016

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

660140500 - 2016/10

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

Andres R. Villar, M.D.

Provider Number : 660140500

P.O. Box 606

Date : 09/28/2016

Glen St. Mary, FL 32040

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	77.71	78.56✓	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
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660141300 - 2016/10

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

Williston Pediatrics, PA

Provider Number : 660141300

223 N. Main Street

Date : 09/28/2016

Williston, FL 32696

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

Current Rate	New Rate	Effective Date
76.96	77.81	10/01/2016

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

660142100 - 2016/10

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

Rajendra P. Bellam MD

Provider Number : 660142100

P.O. Box 69

Date : 09/28/2016

Inglis, Fl 34449

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> <b>Rural Health Clinic</b>	61.93	62.61	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>			

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 Medicaid Cost Reimbursement Analysis



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660147200 - 2016/10

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

Doctor's Medical Ctr of Walton Co, PA

Provider Number : 660147200

21 West Main St

Date : 09/28/2016

DeFuniak Springs, Fl 32435

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

Current Rate	New Rate	Effective Date
81.50	82.39	10/01/2016

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

660151100 - 2016/10

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

Andres R. Villar, M.D  
 Children's Medical Ctr-Mt. Vernon  
 P.O. Box 606  
 Glen St. Mary, Fl 32040

Provider Number : 660151100  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> <b>Rural Health Clinic</b>	77.71	78.56 ✓	10/01/2016
<input type="checkbox"/> <b>Swing-Bed Provider</b>			
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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

660162600 - 2016/10

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

Putnam Obstetrics & Gynecology, Inc.  
 Putnam Obstetrics & Gynecology  
 6061 St. Johns Ave, Ste A  
 Palatka, FL 321776858

Provider Number : 660162600  
 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

Current Rate	New Rate	Effective Date
80.35	81.23	10/01/2016

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**Distribution:**

- Fiscal Agent
- Contract Management
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

660164200 - 2016/10

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

Philip Colaizzo MD  
  
 170 S. Barfield Hwy  
 Pahokee, FL 33476

Provider Number : 660164200  
 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

Current Rate	New Rate	Effective Date
77.33	78.18	10/01/2016

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	
Palm Beach	

**Distribution:**

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Florida Agency for Health Care Administration  
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 Tallahassee, Florida 32308

660167700 - 2016/10

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

Southern Family Healthcare, PA

Provider Number : 660167700

P.O. Box 692

Date : 09/28/2016

Chipley, FL 32428

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	75.87	76.70✓	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #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">Collier</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   
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration  
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 Tallahassee, Florida 32308

660174000 - 2016/10

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

Children's Medical Center - Alachua  
 Children's Medical Center - Alachua  
 14681 N.W. Hwy 441  
 Alachua, FL 32615

Provider Number : 660174000  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> <b>Rural Health Clinic</b>	74.79	75.61	10/01/2016
<input type="checkbox"/> <b>Swing-Bed Provider</b>			
<input type="checkbox"/> <b>Federally Qualified Health Centers</b>			
<input type="checkbox"/> <b>Hospice Provider</b>			
<input type="checkbox"/> <b>#651 Routine Home Care (1-60)</b>			
<input type="checkbox"/> <b>#651a Routine Home Care (61 +)</b>			
<input type="checkbox"/> <b>#652 Continuous Home Care</b>			
<input type="checkbox"/> <b>#652a Continuous Home Care - SIA</b>			
<input type="checkbox"/> <b>#655 Inpatient Respite Care</b>			
<input type="checkbox"/> <b>#656 General Inpatient Care</b>			
<input type="checkbox"/> <b>#658 Room and Board</b>			

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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

660176600 - 2016/10

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

Williston Family Practice

Provider Number : 660176600

111 West Noble Ave  
Williston, FL 32696

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**

Current Rate	New Rate	Effective Date
77.16	78.01	10/01/2016

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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

660181200 - 2016/10

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

Sunrise Primary Care - Summit Ave

Provider Number : 660181200

811 N. Summit St  
 Crescent City, FL 32112

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

Current Rate	New Rate	Effective Date
77.04	77.89	10/01/2016

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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

660182100 - 2016/10

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

Pediatrics in Brevard - Cocoa Beach  
 Pediatrics in Brevard, PA  
 699 W. Cocoa Beach Cswy  
 Cocoa Beach, FL 32931

Provider Number : 660182100  
 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

Current Rate	New Rate	Effective Date
77.01	77.86	10/01/2016

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

660183900 - 2016/10

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

Pediatrics in Brevard - Hibiscus  
 Pediatrics in Brevard, PA  
 1755 Hibiscus Blvd  
 Melbourne, FL 32901

Provider Number : 660183900  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>X Rural Health Clinic</b>	77.01	77.86	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>			
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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  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

660184700 - 2016/10

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

Pediatrics in Brevard - Woods Dr  
 Pediatrics in Brevard, PA  
 134 S. Woods Dr  
 Rockledge, FL 32955

Provider Number : 660184700  
 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**

Current Rate	New Rate	Effective Date
77.01	77.86	10/01/2016

<table border="1" style="width: 100%;"> <tr> <th align="left" colspan="2">Basis :</th> </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 align="center">Brevard</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		Brevard	<table border="1" style="width: 100%;"> <tr> <th align="left" colspan="2">Rate Type :</th> </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>	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   
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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

660187100 - 2016/10

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

Sun 'Lake Medical Group, PA  
 Sun 'N Lake Medical Group  
 4958 Sun ' N Lake Blvd  
 Sebring, FL 33872

Provider Number : 660187100  
 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>
<input checked="" type="checkbox"/> <b>Rural Health Clinic</b>	77.15	78.00	10/01/2016
<input type="checkbox"/> <b>Swing-Bed Provider</b>			
<input type="checkbox"/> <b>Federally Qualified Health Centers</b>			
<input type="checkbox"/> <b>Hospice Provider</b>			
<input type="checkbox"/> <b>#651 Routine Home Care (1-60)</b>			
<input type="checkbox"/> <b>#651a Routine Home Care (61 +)</b>			
<input type="checkbox"/> <b>#652 Continuous Home Care</b>			
<input type="checkbox"/> <b>#652a Continuous Home Care - SIA</b>			
<input type="checkbox"/> <b>#655 Inpatient Respite Care</b>			
<input type="checkbox"/> <b>#656 General Inpatient Care</b>			
<input type="checkbox"/> <b>#658 Room and Board</b>			

<table border="0"> <tr><td><b>Basis :</b></td></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><input type="checkbox"/> Highlands</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"/> Highlands	<table border="0"> <tr><td><b>Rate Type :</b></td></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>	<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"/> Medicare - Prospective																	
<input checked="" type="checkbox"/> Payment System Rate																	
<input type="checkbox"/> Average Nursing Home Rate																	
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<b>Rate Type :</b>																	
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<input type="checkbox"/> Settlement based on costs																	

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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

660189800 - 2016/10

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

Northwest Florida Healthcare

Provider Number : 660189800

1360 Brickyard Rd.  
Chipley, FL 32428

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

**Provider Type:**

		<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>X</b>	<b>Rural Health Clinic</b>	77.04	77.89	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" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><hr/></td> <td>Budget</td> </tr> <tr> <td><hr/></td> <td>Unaudited costs</td> </tr> <tr> <td><hr/></td> <td>Desk audited costs</td> </tr> <tr> <td><hr/></td> <td>Field audited costs</td> </tr> <tr> <td><hr/></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td>Payment System Rate</td> </tr> <tr> <td><hr/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><hr/></td> <td style="text-align: center;">Washington</td> </tr> </table>	<b>Basis :</b>		<hr/>	Budget	<hr/>	Unaudited costs	<hr/>	Desk audited costs	<hr/>	Field audited costs	<hr/>	Medicare - Prospective	<b>X</b>	Payment System Rate	<hr/>	Average Nursing Home Rate	<hr/>	Washington	<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><hr/></td> <td style="text-align: center;"><b>X</b> Prospective</td> </tr> <tr> <td><hr/></td> <td>Total Prospective</td> </tr> <tr> <td><hr/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td><hr/></td> <td>Interim</td> </tr> <tr> <td><hr/></td> <td>Total Interim</td> </tr> <tr> <td><hr/></td> <td>Settlement based on costs</td> </tr> <tr> <td><hr/></td> <td></td> </tr> </table>	<b>Rate Type :</b>		<hr/>	<b>X</b> Prospective	<hr/>	Total Prospective	<hr/>	Prospective Adjusted for New costs	<hr/>		<hr/>	Interim	<hr/>	Total Interim	<hr/>	Settlement based on costs	<hr/>	
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W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration  
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 Tallahassee, Florida 32308

660200200 - 2016/10

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

Garcia Medical Clinic

Provider Number : 660200200

411 E. Nelson Avenue

Date : 09/28/2016

Defuniak Springs, FL 32433

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<input checked="" type="checkbox"/> Rural Health Clinic	77.03	77.88	10/01/2016
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care (1-60)			
<input type="checkbox"/> #651a Routine Home Care (61 +)			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #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">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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 Tallahassee, Florida 32308

660204500 - 2016/10

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

Chiefland Medical Center

Provider Number : 660204500

1113 N. W. 23rd Ave

Date : 09/28/2016

Chiefland, FL 32626

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	Rural Health Clinic	75.41	76.24	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 style="width: 100%; border-collapse: collapse;"> <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>Levy</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"/>	Levy	<table style="width: 100%; border-collapse: collapse;"> <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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W.Rydell Samuel, Administrator   
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 Medicaid Cost Reimbursement Analysis

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660205300 - 2016/10

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

The Medical Center LLC  
  
 20454 N.E. Finley Ave  
 Blountstown, FL 32424

Provider Number : 660205300  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>X Rural Health Clinic</b>	76.86	77.70	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"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td>_____ Budget</td> <td></td> </tr> <tr> <td>_____ Unaudited costs</td> <td></td> </tr> <tr> <td>_____ Desk audited costs</td> <td></td> </tr> <tr> <td>_____ Field audited costs</td> <td></td> </tr> <tr> <td>_____ Medicare - Prospective</td> <td></td> </tr> <tr> <td>    <b>X</b> _____ Payment System Rate</td> <td></td> </tr> <tr> <td>_____ Average Nursing Home Rate</td> <td></td> </tr> <tr> <td>                                Calhoun</td> <td></td> </tr> </table>	<b>Basis :</b>		_____ Budget		_____ Unaudited costs		_____ Desk audited costs		_____ Field audited costs		_____ Medicare - Prospective		<b>X</b> _____ Payment System Rate		_____ Average Nursing Home Rate		Calhoun		<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td>_____ X Prospective</td> <td></td> </tr> <tr> <td>_____ Total Prospective</td> <td></td> </tr> <tr> <td>_____ Prospective Adjusted for New costs</td> <td></td> </tr> <tr> <td>_____ Interim</td> <td></td> </tr> <tr> <td>_____ Total Interim</td> <td></td> </tr> <tr> <td>_____ Settlement based on costs</td> <td></td> </tr> </table>	<b>Rate Type :</b>		_____ X Prospective		_____ Total Prospective		_____ Prospective Adjusted for New costs		_____ Interim		_____ Total Interim		_____ Settlement based on costs	
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W.Rydell Samuel, Administrator   
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660209600 - 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

Clark Clinic

Provider Number : 660209600

Date : 09/28/2016

212 S. Florida St

Fiscal Year End : N/A

Bushnell, FL 33513

Audit Status : N/A

Provider Type:

- X 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

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 76.82, 77.66, 10/01/2016

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Sumter. Rate Type includes Prospective (checked), 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
Medicaid Cost Reimbursement Analysis

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

660212600 - 2016/10

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

Mohammad Afzal/Excel Pediatrics & Family Care  
  
 265 Citrus Tower Blvd  
 Clermont, FL 347111908

Provider Number : 660212600  
 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

Current Rate	New Rate	Effective Date
81.53	82.43	10/01/2016

<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><input type="checkbox"/></td><td>Lake</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	<input type="checkbox"/>	Lake	<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  
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 Tallahassee, Florida 32308

660218500 - 2016/10

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

Dwight Peter Tiu/Acute Care Pediatrics  
  
 1301 Reid St  
 Palatka, FL 32178

Provider Number : 660218500  
 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

Current Rate	New Rate	Effective Date
76.82	77.66	10/01/2016

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





**Florida Agency for Health Care Administration**  
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660220700 - 2016/10

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

DFS Walk-In Clinic  
  
 9 W. Orange Ave  
 Defuniak Springs, FL 32435

Provider Number : 660220700  
 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**

Current Rate	New Rate	Effective Date
76.82	77.66	10/01/2016

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"/> Walton	

**Distribution:**

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660226600 - 2016/10

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

DJRJ2 Inc

Provider Number : 660226600

484 SW Commerce Drive  
 Lake City, FL 320251508

Date : 09/28/2016

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	Rural Health Clinic	76.82	77.66	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			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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660230400 - 2016/10

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

Express Care of Leesburg

Provider Number : 660230400

2500 Citrus Blvd

Date : 09/28/2016

Leesburg, FL 34748

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	<b>Rural Health Clinic</b>	76.82	77.66✓	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>			

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 Medicaid Cost Reimbursement Analysis



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 Tallahassee, Florida 32308

660232100 - 2016/10

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

Dawn Rene, Inc  
 Vernon Family Health Center  
 3027 Main St  
 Vernon, FL 32462

Provider Number : 660232100  
 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

Current Rate	New Rate	Effective Date
71.08	71.86 ✓	10/01/2016

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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W.Rydell Samuel, Administrator   
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660233900 - 2016/10

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

Jackson County Hospital

Provider Number : 660233900

4318 5th Avenue

Date : 09/28/2016

Marianna, FL 32446

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 +)
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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
76.77	77.61	10/01/2016

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 Medicaid Cost Reimbursement Analysis



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660236300 - 2016/10

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

Sunrise Primary Care - St Johns Ave

Provider Number : 660236300

219 N Palm Ave

Date : 09/28/2016

Palatka, FL 321772627

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

<input checked="" type="checkbox"/>	<b>Rural Health Clinic</b>	74.26	75.08	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			

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<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
<input type="checkbox"/>	Putnam																																
<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																																

**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
- For information Only (No Change in rate)

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis