



Florida Agency for Health Care Administration

000162500 - 2017/10

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

First Coast Primary Care, Inc.	Provider Number : 000162500
	Date : 09/28/2017
3772 West Third Street	Fiscal Year End : N/A
Hilliard, FL 32046	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	78.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000255800 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Health Clinic	Provider Number : 000255800
	Date : 09/28/2017
1351 South Blvd	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	78.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

000387200 - 2017/10

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

Acute Care Pediatrics of Palm Coast, PA	Provider Number : 000387200
	Date : 09/28/2017
397 SW Palm Coast Parkway, #309	Fiscal Year End : N/A
Palm Coast, FL 32137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	78.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

000640100 - 2017/10

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

Hendry County Hospital Authority	Provider Number : 000640100
Hendry Regional Convenient Care Center	Date : 09/28/2017
450 S. Main Street, Suite 1	Fiscal Year End : N/A
Labelle, FL 33935	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	120.99	120.99	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 000707900
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.48	82.48	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
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Florida Agency for Health Care Administration

000997400 - 2017/10

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

Healthflo Medical Clinic, Inc.	Provider Number : 000997400
Ridge Manor Medical Clinic	Date : 09/28/2017
34498 Cortez Blvd	Fiscal Year End : N/A
Ridge Manor, FL 335238908	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	78.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics, PLLC

1702 S Jefferson St

Perry, FL 32348

Provider Number : 001165800

Date : 09/28/2017

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	78.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics-Madison

194 NE Hancock Ave

Madison, FL 32340

Provider Number : 001165803

Date : 09/28/2017

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Madison</p>	<p>Rate Type :</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
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W.Rydell Samuel, Administrator 

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 001263800
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	78.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avon Park Pediatrics, PA	Provider Number : 001524200
	Date : 09/28/2017
1571 US Hwy 27 North	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.62	78.62	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001532500 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics - Lake City	Provider Number : 001532500
	Date : 09/28/2017
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 320256966	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	83.18	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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001534800 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics - Jasper	Provider Number : 001534800
	Date : 09/28/2017
1117 US Highway 41 NW, Suite B	Fiscal Year End : N/A
Jasper, FL 320525856	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	83.18	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001589500 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA	Provider Number : 001589500
Suncoast Primary Care Specialists - Inverness	Date : 09/28/2017
3733 Gulf To Lake Hwy.	Fiscal Year End : N/A
Inverness, FL 344534830	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.70	78.70	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001768600 - 2017/10

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

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

Provider Number : 001768600
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.70	78.70	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

002074400 - 2017/10

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

Wakulla Urgent Care and Diagnostic Ctr PLC	Provider Number : 002074400
	Date : 09/28/2017
2615 Crawfordville Hwy, Suite 103	Fiscal Year End : N/A
Crawfordville, FL 323272169	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.71	78.71	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002335400 - 2017/10

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

Sun n Lake Medical Group - Lake Placid
 511 West Interlake Blvd.
 Lake Placid, FL 33852

Provider Number : 002335400
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.71	78.71	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002351900 - 2017/10

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

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

Provider Number : 002351900
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	138.83	138.83	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

002352500 - 2017/10

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

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

Provider Number : 002352500
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	171.41	171.41	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatric & Internal Medicine Specialists, PA	Provider Number : 002952100
	Date : 09/28/2017
PO Box 2066	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	78.87	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

002954700 - 2017/10

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


Adventist Health Systems- FL Hosp. Heartland Med Ctr	Provider Number : 002954700
Florida Hospital Wauchula Pioneer Medical Center	Date : 09/28/2017
515 Carlton Street	Fiscal Year End : N/A
Wauchula, FL 338733407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	117.00	117.00	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 002983100
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.66	78.66	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002983300 - 2017/10

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

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


Provider Number : 002983300
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.66	78.66	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 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"/> Polk	

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003129100 - 2017/10

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

West Florida Medical Associates, PA	Provider Number : 003129100
	Date : 09/28/2017
402 W. Highland Blvd.	Fiscal Year End : N/A
Inverness, FL 344524718	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	78.87	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics, LLC	Provider Number : 003198500
	Date : 09/28/2017
7960 SW 60th Ave.	Fiscal Year End : N/A
Ocala, FL 344766457	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.90	78.90	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics - Dunnellon	Provider Number : 003198505
	Date : 09/28/2017
7960 SW 60th Ave, Ste 100	Fiscal Year End : N/A
Ocala, FL 344768307	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

003227500 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Campbellton-Graceville Hospital	Provider Number : 003227500
Campbellton Graceville Hospital Physicans Office	Date : 09/28/2017
5429 College Drive, Suite B	Fiscal Year End : N/A
Graceville, FL 32440	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	83.03	83.03	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

003432700 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

High Springs Pediatrics, LLC	Provider Number : 003432700
	Date : 09/28/2017
210 NW 1st Ave.	Fiscal Year End : N/A
High Springs, FL 326431002	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	78.87	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003492200 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Romulo J. Camogliano, MD PA	Provider Number : 003492200
	Date : 09/28/2017
1400 N US Highway 441, Bldg 900, Suite 902	Fiscal Year End : N/A
The Villages, FL 321598975	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	78.87	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003557700 - 2017/10

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


Grace Healthcare Solutions, Inc.	Provider Number : 003557700
	Date : 09/28/2017
7368 State Road 15, US 441	Fiscal Year End : N/A
Pahokee, FL 334761736	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.89	78.89	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003682000 - 2017/10

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

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

Provider Number : 003682000
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	78.87	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

004510300 - 2017/10

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

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


Provider Number : 004510300
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ira Fialko, DO, PA	Provider Number : 004567100
	Date : 09/28/2017
6171 West Gulf to Lake Highway	Fiscal Year End : N/A
Crystal River, FL 344292679	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Horizon Pediatrics LLC

611 Demorest Street SE
Live Oak, FL 320643322

Provider Number : 004690000
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

004770700 - 2017/10

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

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

Provider Number : 004770700
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 004771000
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Assoc. PA
 3775 N. Lecanto Hwy
 Beverly Hills, FL 344653504

Provider Number : 005919400
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



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 : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

005955000 - 2017/10

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

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

Provider Number : 005955000
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	84.29	84.29	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

006247200 - 2017/10

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

Kids Health Alliance, PA	Provider Number : 006247200
	Date : 09/28/2017
2650 NW 2nd Street, Suite 100	Fiscal Year End : N/A
Ocala, FL 344756234	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dynamic Health Centers	Provider Number : 006309100
	Date : 09/28/2017
2806 W. US Highway 90, Suite 102	Fiscal Year End : N/A
Lake City, FL 320554745	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



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 : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> #652a Continuous Home Care - SIA			
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<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

006449300 - 2017/10

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

Sonnis Pediatrics PA	Provider Number : 006449300
	Date : 09/28/2017
1125 South Sixth Avenue	Fiscal Year End : N/A
Wauchula, FL 33873	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunshine Pediatrics of Ocala, PA	Provider Number : 006480000
	Date : 09/28/2017
1900 SW 20th Place	Fiscal Year End : N/A
Ocala, FL 344717870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

007197500 - 2017/10

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

Louis J. Radnothy, DO	Provider Number : 007197500
	Date : 09/28/2017
390 S. Central Ave.	Fiscal Year End : N/A
Umatilla, FL 327842325	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

007210600 - 2017/10

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

Weirsdale Family Health Center Inc.	Provider Number : 007210600
	Date : 09/28/2017
16400 South Highway 25	Fiscal Year End : N/A
Wiersdale, FL 321952442	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

007864900 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

A Womans Place, Inc.	Provider Number : 007864900
	Date : 09/28/2017
1415 NW 23rd Ave.	Fiscal Year End : N/A
Chiefland, FL 326440058	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

008004300 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Sacred Heart Medical Group on the Gulf	Provider Number : 008004300
	Date : 09/28/2017
55 Avenue E	Fiscal Year End : N/A
Apalachicola, FL 323201763	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	118.45	118.45	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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- Contract Management
- Permanent File
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008413600 - 2017/10

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	Provider Number : 008413600
Archer Family Health Care	Date : 09/28/2017
16939 SW 134th Ave	Fiscal Year End : N/A
Archer, FL 326185413	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008611300 - 2017/10

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

Dr. Dale Mitchum	Provider Number : 008611300
Southern Health Clinic	Date : 09/28/2017
2910 Hospital Drive	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

OB & GYN OF NE FL, PA	Provider Number : 009115200
	Date : 09/28/2017
PO Box 658	Fiscal Year End : N/A
Palatka, FL 321770658	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Medical Group PA	Provider Number : 009615800
	Date : 09/28/2017
130 SW 7th Street	Fiscal Year End : N/A
Williston, FL 326962404	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
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Florida Agency for Health Care Administration

009634300 - 2017/10

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

Magnolia Pediatrics LLC	Provider Number : 009634300
	Date : 09/28/2017
1140 SW Bascom Norris Drive Ste 104	Fiscal Year End : N/A
Lake City, FL 320251329	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

009872600 - 2017/10

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

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

Provider Number : 009872600
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.05	79.05	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010139400 - 2017/10

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Tallahassee, Florida 32308

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 : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010332700 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthflo Medical Clinics	Provider Number : 010332700
Bushnell Medical Clinic	Date : 09/28/2017
117 W Belt Ave, Ste A	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.58	80.58	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

010633400 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Grace Pediatrics PL	Provider Number : 010633400
	Date : 09/28/2017
4196 W US Highway 90 STE 105	Fiscal Year End : N/A
Lake City, FL 320558834	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010697700 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Origins Family Medical & Weight Loss Clinic	Provider Number : 010697700
	Date : 09/28/2017
194 SW Wall Ter	Fiscal Year End : N/A
Lake City, FL 320255086	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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 : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Rural Health and Wellness Clinic
 300A NW 1st Ave
 Williston, FL 32696

Provider Number : 010801000
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	79.04	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Rate Type :	
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<input type="checkbox"/>	Prospective Adjusted for New costs
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Baker County Medical Services	Provider Number : 010834300
Baker Rural Health Clinic	Date : 09/28/2017
159 N 3rd Street	Fiscal Year End : N/A
Macclenny, FL 320632103	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	118.45	118.45	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Medical Pediatric Clinic	Provider Number : 010855400
	Date : 09/28/2017
315 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472029	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	78.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



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012588500 - 2017/10

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Tallahassee, Florida 32308

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 : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Graceville Family Medicine	Provider Number : 013075500
	Date : 09/28/2017
PO Box 36	Fiscal Year End : N/A
Graceville, FL 324400036	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



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014637300 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

First Coast Obstetrics & Gynecology	Provider Number : 014637300
	Date : 09/28/2017
PO Box 519	Fiscal Year End : N/A
Palatka, Fl 32178-0519	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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014683500 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sumter Pediatrics	Provider Number : 014683500
Mohammad Afzal	Date : 09/28/2017
265 Citrus Tower Blvd Ste 102	Fiscal Year End : N/A
Clermont, Fl 34711	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	79.15	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


North Florida Pediatrics-Columbia Co	Provider Number : 015048100
	Date : 09/28/2017
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 32025	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.14	79.14	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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 : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.79	78.79	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Marion</p>	<p>Rate Type :</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)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics-Silver Springs

7960 SW 60th Ave Ste 1
Ocala, FL 34476

Provider Number : 016431000
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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
	Marion

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

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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 : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.12	79.12	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

016770200 - 2017/10

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

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

Provider Number : 016770200
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017470000 - 2017/10

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

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

Provider Number : 017470000
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

018056100 - 2017/10

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

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

Provider Number : 018056100
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Escambia</p>	<p>Rate Type :</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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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family & After Hours Care	Provider Number : 018968900
	Date : 09/28/2017
1413 NW 23rd Ave	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

019432300 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Cross City	Provider Number : 019432300
	Date : 09/28/2017
149 NE 241st St Ste A	Fiscal Year End : N/A
Cross City, Fl 32628	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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Distribution:

- Fiscal Agent
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

019474000 - 2017/10

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

Divaker Pediatrics	Provider Number : 019474000
	Date : 09/28/2017
6551 N Orange Blossom Trl	Fiscal Year End : N/A
Mount Dora, Fl 32757	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506000
	Date : 09/28/2017
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.69	84.69	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029511600 - 2017/10

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

Advent Christian Home	Provider Number : 029511600
	Date : 09/28/2017
23730 Park Circle Dr	Fiscal Year End : N/A
Dowling Park, FL 32064	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.66	77.66	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

060245101 - 2017/10

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

Acorn Rural Health Clinic
 23320 North State Road 235
 Brooker, FL 32622

Provider Number : 060245101
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.88	81.88	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Kid's Care Pediatrics	Provider Number : 063363101
	Date : 09/28/2017
6910 Old Wolf Bay Rd	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	83.18	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatrics of L.W
 1356 State Rd 60 East
 Lake Wales, Fl 33853

Provider Number : 251469901
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.84	73.84	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatrics of L. P	Provider Number : 253535101
	Date : 09/28/2017
344 East Royal Palm St, Ste 3	Fiscal Year End : N/A
Lake Placid, Fl 33852	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.83	73.83	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

253668401 - 2017/10

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

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


Provider Number : 253668401
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	144.48	144.48	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 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	
Hendry	

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MJS Trust
3750 US 27 North
Sebring, FL 33870

Provider Number : 259715200
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.33	79.33	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 259716100
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.56	75.56	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Clinic	Provider Number : 370861601
	Date : 09/28/2017
1002 SW 11th Street	Fiscal Year End : N/A
Live Oak, FL 32064	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.66	73.66	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Center	Provider Number : 370861604
	Date : 09/28/2017
789 West Duval Street	Fiscal Year End : N/A
Lake City, FL 32055	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.66	73.66	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

372143401 - 2017/10

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
	Date : 09/28/2017
205 Zeagler Drive, Suite #101	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	83.18	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthmark of Walton
 4415 US Hwy 331
 DeFuniak Springs, FL 32435

Provider Number : 372384401
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	150.66	150.66	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 375159701
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.36	82.36	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

377682401 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sebring Pediatrics	Provider Number : 377682401
	Date : 09/28/2017
1550 Lakeview Dr.	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.78	77.78	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Shoreline Medical Group	Provider Number : 377827401
	Date : 09/28/2017
419 Baltzell Avenue	Fiscal Year End : N/A
Port St. Joe, FL 32456	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.49	81.49	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

378772904 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Pediatric Center	Provider Number : 378772904
	Date : 09/28/2017
1447 Medical Park Blvd, Suite 402	Fiscal Year End : N/A
Wellington, FL 33414	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660005100 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


ChIPLEY RHC	Provider Number : 660005100
	Date : 09/28/2017
P.O. Box 918	Fiscal Year End : N/A
ChIPLEY, Fl 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	107.48	107.48	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

660018200 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatric Associates
 7215 US Hwy 27 North
 Sebring, FL 33870

Provider Number : 660018200
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.26	78.26	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatric Associates	Provider Number : 660018201
	Date : 09/28/2017
120 Heartland Way	Fiscal Year End : N/A
Wauchula, FL 338375000	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.02	74.02	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Medical Center

14088 Alabama St

Jay, FL 32565

Provider Number : 660022100

Date : 09/28/2017

Fiscal Year End : N/A

Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.94	84.94	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Collier</p>	<p>Rate Type :</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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Physicians Partners Network	Provider Number : 660024700
	Date : 09/28/2017
605 Lamar Ave	Fiscal Year End : N/A
Brooksville, FL 34601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.36	81.36	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660026300 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Community Medical Ctr.-Deland	Provider Number : 660026300
	Date : 09/28/2017
1190 North Stone Street	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.32	84.32	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comm. Medical Ctr.-Orange Cty.	Provider Number : 660026302
	Date : 09/28/2017
810 Commed Boulevard	Fiscal Year End : N/A
Orange City, FL 32763	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.13	79.13	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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660027100 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


N. Fl. Pediatrics RHC	Provider Number : 660027100
	Date : 09/28/2017
4316 Fifth Avenue	Fiscal Year End : N/A
Marianna, FL 32446	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	83.18	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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660037900 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Blountstown Family Practice	Provider Number : 660037900
	Date : 09/28/2017
17808 NE Charley Johns St	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.22	82.22	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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660037901 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Monticello Family Medicine	Provider Number : 660037901
	Date : 09/28/2017
1549. S. Jefferson St	Fiscal Year End : N/A
Monticello, FL 32344	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.22	82.22	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Quincy Medical Group	Provider Number : 660037902
	Date : 09/28/2017
178 LaSalle Dr	Fiscal Year End : N/A
Quincy, FL 32351	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.21	82.21	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660037903 - 2017/10

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

Wakulla Family Medicine
 15 Council Moore Rd
 Crawfordville, Fl 32327

Provider Number : 660037903
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.21	82.21	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660039500 - 2017/10

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

Yunus Rural Health Clinic	Provider Number : 660039500
Mohammad Yunus, MD	Date : 09/28/2017
404 East Hwy 90	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	83.18	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660046800
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.81	82.81	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660049201 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660049201
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	83.23	83.23	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660052200 - 2017/10

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

Wimauma Family Health Center	Provider Number : 660052200
	Date : 09/28/2017
5121 State Rd 674	Fiscal Year End : N/A
Wimauma, FL 33598	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.74	78.74	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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<input type="checkbox"/>	Settlement based on costs																														

Distribution:

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

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Clinic	Provider Number : 660053100
	Date : 09/28/2017
1100 N. Main St	Fiscal Year End : N/A
Belle Glade, FL 33430	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	83.18	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660054900 - 2017/10

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

Marion RHC dba Forest Family Health	Provider Number : 660054900
	Date : 09/28/2017
15932 E. 40	Fiscal Year End : N/A
Silver Springs, FL 34488	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.02	82.02	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ahmad T. Ismail RHC	Provider Number : 660056500
	Date : 09/28/2017
110 E. Byrd Avenue	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.31	73.31	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Okaloosa Medical Center	Provider Number : 660058100
	Date : 09/28/2017
1045 US Hwy 331, Ste D	Fiscal Year End : N/A
DeFuniak, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	83.23	83.23	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660065400 - 2017/10

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

Meena Nathan Medical Center
840 South Bea Ave
Inverness, FL 34452

Provider Number : 660065400
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.94	76.94	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660069700 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660069700
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.88	81.88	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Florida Agency for Health Care Administration

660070100 - 2017/10

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

Express Care of Belleview, Inc	Provider Number : 660070100
	Date : 09/28/2017
10762 S US Hwy 441	Fiscal Year End : N/A
Belleview, FL 34420	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.17	82.17	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660071900 - 2017/10

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 Family Medical	Provider Number : 660071900
Nature Coast Family	Date : 09/28/2017
3400 N. Lecanto Hwy Suite A	Fiscal Year End : N/A
Beverly Hills, FL 34464	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	78.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660072700 - 2017/10

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

Rajendra P. Bellam MD	Provider Number : 660072700
	Date : 09/28/2017
11707 N. Williams St Suite 3	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.39	80.39	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660074300 - 2017/10

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


Center for Family Health	Provider Number : 660074300
	Date : 09/28/2017
P.O. Box 2177	Fiscal Year End : N/A
Arcadia, Fl 34265	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.22	82.22	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Charles S. Li MD	Provider Number : 660075100
	Date : 09/28/2017
7647 W. Gulf Lake Hwy	Fiscal Year End : N/A
Crystal River, Fl 34429	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.52	77.52	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660075101 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Springs RHC
10489 N. Fl Ave
Citrus Springs, Fl 34434

Provider Number : 660075101
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.52	77.52	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660076000
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.39	81.39	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660083200 - 2017/10

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

Lake Butler Hospital RHC
 850 E Main St
 Lake Butler, FL 32054

Provider Number : 660083200
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	163.36	163.36	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660087500 - 2017/10

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

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

Provider Number : 660087500
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.89	80.89	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660089100 - 2017/10

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	Provider Number : 660089100
	Date : 09/28/2017
10489 N Florida Ave	Fiscal Year End : N/A
Citrus Springs, FL 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.84	79.84	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660092100
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	286.40	286.40	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

David A. Miller, MD, PA	Provider Number : 660100600
Everglades Family Medicine	Date : 09/28/2017
170 S. Barfield Hwy #102	Fiscal Year End : N/A
Pahokee, FL 33476	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.13	79.13	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Pediatrics	Provider Number : 660103100
	Date : 09/28/2017
4880 N Hwy 19A	Fiscal Year End : N/A
Mt. Dora, FL 32757	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	80.23	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660109000
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.44	76.44	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Polk</p>	<p>Rate Type :</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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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660121900
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	80.23	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northwest Florida Community Hospital	Provider Number : 660122700
	Date : 09/28/2017
3250 Main Street	Fiscal Year End : N/A
Vernon, FL 32462	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	120.36	120.36	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Medicine	Provider Number : 660123500
DMH Mayo Family Medicine	Date : 09/28/2017
P.O. Box 228	Fiscal Year End : N/A
Mayo, Fl 32066	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	158.80	158.80	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660124300 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Practice
 1702 S. Jefferson St
 Perry, FL 32348

Provider Number : 660124300
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	107.48	107.48	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Meidcal Group (Sebring)
3420 US 27 North
Sebring, Fl 33870

Provider Number : 660129400
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.01	81.01	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660132400 - 2017/10

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

Oak Hill Medical	Provider Number : 660132400
	Date : 09/28/2017
185A North Rt. 1, PO Box 373	Fiscal Year End : N/A
Oak Hill, FL 32759	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.88	78.88	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660135900 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics -Sneads
 7997 Hwy 90
 Sneads, FL 32460

Provider Number : 660135900
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	83.18	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
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<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

- Fiscal Agent
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- Permanent File
- Program Development:

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660137500 - 2017/10

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 Family Health Services	Provider Number : 660137500
	Date : 09/28/2017
125 S.W. 7th Street	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	121.36	121.36	10/01/2017
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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<input type="checkbox"/> Settlement based on costs																	

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660140500 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D.	Provider Number : 660140500
	Date : 09/28/2017
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FL 32040	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.50	79.50	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 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"/> Collier	

Distribution:

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Pediatrics, PA

223 N. Main Street

Williston, FL 32696

Provider Number : 660141300

Date : 09/28/2017

Fiscal Year End : N/A

Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.74	78.74	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660142100 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rajendra P. Bellam MD	Provider Number : 660142100
	Date : 09/28/2017
P.O. Box 69	Fiscal Year End : N/A
Inglis, Fl 34449	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	63.37	63.37	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660147200 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Medical Ctr of Walton Co, PA
 21 West Main St
 DeFuniak Springs, FL 32435

Provider Number : 660147200
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.38	83.38	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Walton</p>	<p>Rate Type :</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

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Florida Agency for Health Care Administration

660151100 - 2017/10

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Tallahassee, Florida 32308

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 : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.51	79.51	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Putnam Obstetrics & Gynecology, Inc.	Provider Number : 660162600
Putnam Obstetrics & Gynecology	Date : 09/28/2017
6061 St. Johns Ave, Ste A	Fiscal Year End : N/A
Palatka, FL 321776858	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.21	82.21	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Philip Colaizzo MD	Provider Number : 660164200
	Date : 09/28/2017
170 S. Barfield Hwy	Fiscal Year End : N/A
Pahokee, Fl 33476	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	79.11	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660167700 - 2017/10

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

Southern Family Healthcare, PA	Provider Number : 660167700
	Date : 09/28/2017
P.O. Box 692	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.62	77.62	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Distribution:

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660174000 - 2017/10

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

Provider Number : 660174000
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.52	76.52	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Family Practice

111 West Noble Ave

Williston, FL 32696

Provider Number : 660176600

Date : 09/28/2017

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.95	78.95	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Levy</p>	<p>Rate Type :</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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunrise Primary Care - Summit Ave
 811 N. Summit St
 Crescent City, FL 32112

Provider Number : 660181200
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.82	78.82	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Cocoa Beach	Provider Number : 660182100
Pediatrics in Brevard, PA	Date : 09/28/2017
699 W. Cocoa Beach Cswy	Fiscal Year End : N/A
Cocoa Beach, FL 32931	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.79	78.79	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



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 : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.79	78.79	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660184700
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.79	78.79	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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660187100 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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 : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.94	78.94	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p><input type="checkbox"/> Highlands</p>	<p>Rate Type :</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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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660189800 - 2017/10

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

Northwest Florida Healthcare
 1360 Brickyard Rd.
 Chipley, FL 32428

Provider Number : 660189800
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.82	78.82	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660200200 - 2017/10

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

Garcia Medical Clinic	Provider Number : 660200200
	Date : 09/28/2017
411 E. Nelson Avenue	Fiscal Year End : N/A
Defuniak Springs, FL 32433	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.81	78.81	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Chiefland Medical Center	Provider Number : 660204500
	Date : 09/28/2017
1113 N. W. 23rd Ave	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.16	77.16	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660205300 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Medical Center LLC	Provider Number : 660205300
	Date : 09/28/2017
20454 N.E. Finley Ave	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.64	78.64	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Clark Clinic	Provider Number : 660209600
	Date : 09/28/2017
212 S. Florida St	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	78.59	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Afzal/Excel Pediatrics & Family Care	Provider Number : 660212600
	Date : 09/28/2017
265 Citrus Tower Blvd	Fiscal Year End : N/A
Clermont, FL 347111908	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.42	83.42	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660218500 - 2017/10

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

Dwight Peter Tiu/Acute Care Pediatrics	Provider Number : 660218500
	Date : 09/28/2017
1301 Reid St	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	78.59	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Medical Group, P.A.

105 Tomoka Blvd South
Lake Placid, FL 33852

Provider Number : 660219300
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	78.59	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660220700 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

DFS Walk-In Clinic	Provider Number : 660220700
	Date : 09/28/2017
9 W. Orange Ave	Fiscal Year End : N/A
Defuniak Springs, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	78.59	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660226600 - 2017/10

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

DJRJ2 Inc	Provider Number : 660226600
	Date : 09/28/2017
484 SW Commerce Drive	Fiscal Year End : N/A
Lake City, FL 320251508	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	78.59	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660230400 - 2017/10

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

Express Care of Leesburg
2500 Citrus Blvd
Leesburg, FL 34748

Provider Number : 660230400
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	78.59	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 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"/> Lake	

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Florida Agency for Health Care Administration

660232100 - 2017/10

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

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

Provider Number : 660232100
 Date : 09/28/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	72.72	72.72	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660233900 - 2017/10

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

Jackson County Hospital
4318 5th Avenue
Marianna, FL 32446

Provider Number : 660233900
Date : 09/28/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.54	78.54	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660236300 - 2017/10

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

Sunrise Primary Care - St Johns Ave	Provider Number : 660236300
	Date : 09/28/2017
219 N Palm Ave	Fiscal Year End : N/A
Palatka, FL 321772627	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.98	75.98	10/01/2017
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #652a Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</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 style="padding-left: 40px;">Putnam</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		Putnam	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</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>	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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Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)

