



Florida Agency for Health Care Administration

000835600 - 2018/10

State of Florida Office of 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 Dept of Health d/b/a Osceola Co. Health Dept.	Provider Number : 000835600
	Date : 09/26/2018
105 Doverplum Ave.	Fiscal Year End : N/A
Kissimmee, FL 347583309	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	136.20	138.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



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

Florida Department of Health
Citrus County Health Department
3700 W. Sovereign Path
Lecanto, FL 34461

Provider Number : 000952900
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.12	116.73	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

FoundCare, Inc.	Provider Number : 001182600
	Date : 09/26/2018
2330 S. Congress Ave.	Fiscal Year End : N/A
Palm Springs, FL 334067608	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

FoundCare, Inc- N. Palm Beach	Provider Number : 001182602
	Date : 09/26/2018
2330 S Congress Ave	Fiscal Year End : N/A
Palm Springs, Fl 33406	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

001276200 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Centers, Inc. #20	Provider Number : 001276200
	Date : 09/26/2018
4422 E. Columbus Drive	Fiscal Year End : N/A
Tampa, FL 336043233	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001718300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Heart of Florida Health Center, Inc.	Provider Number : 001718300
	Date : 09/26/2018
1025 SW 1st Ave.	Fiscal Year End : N/A
Ocala, FL 344710900	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.00	124.72	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

001718304 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 001718304  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.00	124.72	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001718306 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Heart of Florida Health Center - Belleview	Provider Number : 001718306
	Date : 09/26/2018
1025 SW 1st Ave.	Fiscal Year End : N/A
Ocala, FL 344710900	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.00	124.72	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001718308 - 2018/10

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

Heart of Florida Health Center - Ocala East	Provider Number : 001718308
Marion County Health Department	Date : 09/26/2018
1025 SW 1st Ave.	Fiscal Year End : N/A
Ocala, FL 344710900	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.00	124.72	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001718311 - 2018/10

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

Heart of Florida Health Center - Marion Oaks	Provider Number : 001718311
	Date : 09/26/2018
1025 SW 1st Ave	Fiscal Year End : N/A
Ocala, FL 344710900	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.00	124.72	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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001718313 - 2018/10

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

Heart of Florida Health Center	Provider Number : 001718313
Ocala West Family Medicine	Date : 09/26/2018
1025 SW 1st Ave	Fiscal Year End : N/A
Ocala, FL 344710900	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.00	124.72	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

001718315 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Heart of Florida Health Center-17th St	Provider Number : 001718315
	Date : 09/26/2018
1025 SW 1st Ave	Fiscal Year End : N/A
Ocala, FL 34471	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.00	124.72	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

001718317 - 2018/10

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

Heart of Florida Health Center-Dunnellon  
 1025 SW 1st Ave  
 Ocala, FL 34471

Provider Number : 001718317  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.00	124.72	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></p> <p>Budget</p> <p>Unaudited costs</p> <p>Desk audited costs</p> <p>Field audited costs</p> <p>Medicare - Prospective</p> <p><b>X</b> Payment System Rate</p> <p>Average Nursing Home Rate</p> <p style="text-align: center;">Marion</p>	<p><b>Rate Type :</b></p> <p><b>X</b> Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003407902 - 2018/10

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


Community AIDS Resource, Inc.	Provider Number : 003407902
Care Resource	Date : 09/26/2018
3510 Biscayne Blvd, Ste 300	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 003407905  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003407907 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 003407907  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003407909 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community AIDS Resource	Provider Number : 003407909
Care Resource at Meridian Ave	Date : 09/26/2018
3510 Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

003407911 - 2018/10

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Tallahassee, Florida 32308

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

Care Resource Community Health Centers	Provider Number : 003407911
	Date : 09/26/2018
1680 Michigan Avenue	Fiscal Year End : N/A
Miami Beach, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

003407915 - 2018/10

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Tallahassee, Florida 32308

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

Care Resource Community Health Centers Miami	Provider Number : 003407915
	Date : 09/26/2018
3661 South Miami Ave # 702	Fiscal Year End : N/A
Miami, FL 33133	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Network of Monroe County	Provider Number : 006558500
	Date : 09/26/2018
1200 Kennedy Drive, Suite 2011	Fiscal Year End : N/A
Key West, FL 330404023	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.76	143.74	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

006608600 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Genesis Community Health	Provider Number : 006608600
	Date : 09/26/2018
564 E. Woolbright Road	Fiscal Year End : N/A
Boynton Beach, FL 334356033	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

006608601 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Genesis Community Health - Boca	Provider Number : 006608601
	Date : 09/26/2018
564 E. Woolbright Road	Fiscal Year End : N/A
Boynton, FL 334356033	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

006608603 - 2018/10

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Tallahassee, Florida 32308

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

Genesis Community Health Inc. - Delray	Provider Number : 006608603
	Date : 09/26/2018
564 E Woolbright Road	Fiscal Year End : N/A
Boynton Beach, FL 334356033	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Genesis Community Health-6th St	Provider Number : 006608605
	Date : 09/26/2018
2623 S Seacrest Blvd	Fiscal Year End : N/A
Boynton Beach, FL 33435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Genesis Community Health-Boynton Beach	Provider Number : 006608607
	Date : 09/26/2018
2623 S Seacrest Blvd Suite 112	Fiscal Year End : N/A
Boynton Beach , FL 33435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Genesis Community Health Delray	Provider Number : 006608610
	Date : 09/26/2018
16158 South Military Trail	Fiscal Year End : N/A
Delray Beach, FL 33484	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Tallahassee, Florida 32308

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

Genesis Community Health Palmetto Park Road	Provider Number : 006608611
	Date : 09/26/2018
1515 W Palmetto Park Rd	Fiscal Year End : N/A
Boca Raton, FL 33486	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number : 008037100
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008037102 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Health Care District of Palm Beach County	Provider Number : 008037102
HCD West Palm Beach Primary Care Clinic	Date : 09/26/2018
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037104 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Health Care District of Palm Beach County	Provider Number : 008037104
HCD Belle Glade Primary Care Clinic	Date : 09/26/2018
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008037106 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 008037106  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008037108 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

District Clinic Holdings, Inc	Provider Number : 008037108
C L Brumback Primary Care Clinic	Date : 09/26/2018
2601 10th Ave N Ste 100	Fiscal Year End : N/A
Palm Springs, FL 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

008037110 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

District Clinic Holding	Provider Number : 008037110
	Date : 09/26/2018
2601 10th Ave N	Fiscal Year End : N/A
Palm Springs, FL 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

008037112 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 008037112  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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- Fiscal Agent
- Contract Management
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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

008037114 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

District Clinic Holdings-State Rd 80	Provider Number : 008037114
	Date : 09/26/2018
2601 10th Ave North	Fiscal Year End : N/A
Palm Springs, Fl 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



Florida Agency for Health Care Administration

008037118 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 008037118  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037123 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 008037123  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037124 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

District Clinic Holdings Inc	Provider Number : 008037124
	Date : 09/26/2018
411 West Indiantown Rd	Fiscal Year End : N/A
Jupiter, FL 33458	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.98	136.87	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008560700 - 2018/10

State of Florida Office of 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 Department of Health  
 Lake County Health Department  
 PO Box 1305  
 Tavares, FL 32778

Provider Number : 008560700  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	115.55	117.17	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010433900 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

FL Dept of Health in Sarasota  
  
2200 Ringling Blvd  
Sarasota, FL 342376102


Provider Number : 010433900  
Date : 09/26/2018  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.32	134.17	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

010739700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 010739700  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	142.92	144.92	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Community Health of South Florida	Provider Number : 010762301
Tavernier	Date : 09/26/2018
10300 SW 2016th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Community Health of South Florida	Provider Number : 010762302
Beckford/Richmond Elementary	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

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

Community Health of South Florida	Provider Number : 010762307
Irving & Beatrice Peskoe K-8 Center	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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010762315 - 2018/10

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


Community Health of South Florida	Provider Number : 010762315
Gateway Environmental K-8 Center	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

010762326 - 2018/10

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Tallahassee, Florida 32308

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

Community Health of South Florida	Provider Number : 010762326
Zora Neale Hurston Elementary	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

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Tallahassee, Florida 32308

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

Community Hlth of S.FI-Goulds Elem  
 10300 SW 216th St  
 Miami, FL 33190

Provider Number : 010762334  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762336 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Hlth of S.FI-Bent Tree Elem	Provider Number : 010762336
	Date : 09/26/2018
10300 SW 216th St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

010762338 - 2018/10

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2727 Mahan Drive - Mail Stop 23

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

Community Hlth of S. FI-Marjory Stoneman Douglas Elem	Provider Number : 010762338
	Date : 09/26/2018
10300 SW 216th St	Fiscal Year End : N/A
Miami, FI 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762341 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Hlth of S.FI-80th St	Provider Number : 010762341
	Date : 09/26/2018
10300 SW 216th St	Fiscal Year End : N/A
Miami, St 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762345 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Hlth of S.FI-132nd Ave	Provider Number : 010762345
	Date : 09/26/2018
10300 SW 216th St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762346 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S. Florida-NW 2nd St	Provider Number : 010762346
	Date : 09/26/2018
10300 SW 216th St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

010762349 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S. Florida-SW 2nd St	Provider Number : 010762349
	Date : 09/26/2018
10300 SW 216th St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

010762353 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida	Provider Number : 010762353
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



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

Center for Family & Child Enrichment, Inc.	Provider Number : 010930500
	Date : 09/26/2018
1825 NW 167th Street, Suite 102	Fiscal Year End : N/A
Miami Gardens, FL 330564838	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	143.83	145.84	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

FL DOH Union County
New River Community Health Care
495 East Main Street
Lake Butler, FL 320541731

Provider Number : 010946400
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	109.07	110.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

010946402 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 010946402  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	109.07	110.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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

Banyan Community Health Center Inc-Coral Gables	Provider Number : 013881900
	Date : 09/26/2018
6100 Blue Lagoon Dr Ste 400	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.76	143.74	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Banyan Community Health Center #2	Provider Number : 013881902
Banyan Health Systems, Inc	Date : 09/26/2018
6100 Blue Lagoon Dr Suite 400	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.76	143.74	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Banyan Community Health Center	Provider Number : 013881903
Banyan Health Systems	Date : 09/26/2018
6100 Blue Lagoon Dr	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.76	143.74	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Banyan Community Health Center-Miami	Provider Number : 013881906
	Date : 09/26/2018
10 NW 42nd Avenue	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.76	143.74	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014789100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 014789100  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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014789102 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Lee Memorial Hlth System- Cape Coral	Provider Number : 014789102
	Date : 09/26/2018
P.O. Box 2147	Fiscal Year End : N/A
Fort Myers, Fl 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

014789104 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 014789104  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

014789106 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Lee Memorial Health System	Provider Number : 014789106
	Date : 09/26/2018
4040 Palm Beach Blvd	Fiscal Year End : N/A
Fort Myers, FL 33916	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Lee Memorial Health System-Bass Rd	Provider Number : 014789107
	Date : 09/26/2018
PO Box 2147	Fiscal Year End : N/A
Fort Myers, FL 33902-2147	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

014789110 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 014789110  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Distribution:**

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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



Florida Agency for Health Care Administration

017234400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 017234400  
Date : 09/26/2018  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234402 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Agape Community Health-Jacksonville	Provider Number : 017234402
	Date : 09/26/2018
5150 Timuquana Rd	Fiscal Year End : N/A
Jacksonville, FL 32210	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234404 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Agape Comm Hlth Ctr-Edgewood Ave	Provider Number : 017234404
	Date : 09/26/2018
120 King St	Fiscal Year End : N/A
Jacksonville, FL 32204	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234406 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Agape Comm Hlth Ctr	Provider Number : 017234406
Magnolia Project Clinic	Date : 09/26/2018
5300 N Pearl St	Fiscal Year End : N/A
Jacksonville, FL 32208	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234409 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 017234409  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

019852700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Centers	Provider Number : 019852700
Borinquen Medical Centers of Miami Dade	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
North Miami, FL 33161	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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

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

Provider Number : 020530900  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	123.22	124.95	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

022459100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care Haines City Pediatrics	Provider Number : 022459100
	Date : 09/26/2018
1011 East Main Street	Fiscal Year End : N/A
Haines City, FL 33844	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

022558500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 022558500  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

022558502 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Whole Family Health Center	Provider Number : 022558502
	Date : 09/26/2018
981 37th Place	Fiscal Year End : N/A
Vero Beach, FL 32960-6541	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

024798000 - 2018/10

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Tallahassee, Florida 32308

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

Rural Health Network of Monroe County	Provider Number : 024798000
	Date : 09/26/2018
3706 N Roosevelt Blvd	Fiscal Year End : N/A
Key West, FL 33040-4566	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.76	143.74	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

025148200 - 2018/10

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Tallahassee, Florida 32308

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

Centerplace Health, Inc.	Provider Number : 025148200
	Date : 09/26/2018
2200 Ringling Blvd	Fiscal Year End : N/A
Sarasota, FL 34237	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.07	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

027937411 - 2018/10

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Tallahassee, Florida 32308

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

Hernando County Health Dept	Provider Number : 027937411
Nature Coast Community Health Center	Date : 09/26/2018
7551 Forest Oaks Boulevard	Fiscal Year End : N/A
Spring Hill, FL 34606	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	127.16	128.94	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Collier Health Services - Marion E. Fether	Provider Number : 029152803
	Date : 09/26/2018
1454 Madison Avenue	Fiscal Year End : N/A
Immokalee, FL 33934	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Collier Health Services - East Naples Medical Ctr	Provider Number : 029152805
	Date : 09/26/2018
1454 Madison Avenue	Fiscal Year End : N/A
Immokalee, FL 33962	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029152806 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Collier Hlth Svc-Golden Gate Pediatrics	Provider Number : 029152806
	Date : 09/26/2018
1454 Madison Ave	Fiscal Year End : N/A
Immokalee , FI 34116	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Hlth Svc-Childrens Hlth Network	Provider Number : 029152807
	Date : 09/26/2018
1454 Madison Ave	Fiscal Year End : N/A
Immokalee , FI 34103	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029152809 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Collier Hlth Svc-Marco Island Pediatrics	Provider Number : 029152809
	Date : 09/26/2018
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, FL 34145	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Hlth Svc- Immokalee FCC
1454 Madison Ave
Immokalee, FL 34142

Provider Number : 029152810
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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

Collier Health Services	Provider Number : 029152812
	Date : 09/26/2018
1008 Goodlette Frank Rd Suite 100	Fiscal Year End : N/A
Naples, FL 34102	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center, Inc.	Provider Number : 029506001
	Date : 09/26/2018
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





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

Trenton Medical Center - Bradford	Provider Number : 029506007
	Date : 09/26/2018
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Trenton Medical Center - Pediatrics	Provider Number : 029506009
TMC Pediatrics	Date : 09/26/2018
2010 N. Young Blvd.	Fiscal Year End : N/A
Chiefland, FL 326261951	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center - Healthcare	Provider Number : 029506011
TMC Healthcare	Date : 09/26/2018
630 N. Main Street	Fiscal Year End : N/A
Williston, FL 326961705	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029506013 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Trenton Medical Center - Palms Pediatrics	Provider Number : 029506013
Palms Pediatrics	Date : 09/26/2018
PO Box 640	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029506015 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Trenton Medical Center	Provider Number : 029506015
Palms Medical Group	Date : 09/26/2018
PO Box 640	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center
Palms Medical Group - High Springs
911 S Main Street
Trenton, FL 326933239

Provider Number : 029506017
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Trenton Medical Center Inc.-Live Oak	Provider Number : 029506019
Palms Medical Group	Date : 09/26/2018
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 326933239	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029506021 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Trenton Medical Center-Orange Park	Provider Number : 029506021
Palms Medical Group	Date : 09/26/2018
23343 NW County Rd 236	Fiscal Year End : N/A
High Springs, Fl 32643	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Trenton Medical Center	Provider Number : 029506023
Palms Medical Group - Bell	Date : 09/26/2018
23343 NW County Rd 236	Fiscal Year End : N/A
High Springs, FL 32643-9669	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

Suncoast Community Health Center - Dover Health Center	Provider Number : 029523001
	Date : 09/26/2018
14618 State Road 574	Fiscal Year End : N/A
Dover, FL 33527	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

Jessie Trice Community Health Center - Flamingo	Provider Number : 029540000
	Date : 09/26/2018
700 S. Royal Poinciana Blvd, Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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

Jessie Trice Community Health Center - Main	Provider Number : 029541800
	Date : 09/26/2018
700 S. Royal Poinciana Blvd, Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



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

Jessie Trice Community Health Center - North	Provider Number : 029541802
	Date : 09/26/2018
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Jessie Trice Community Health Center - Cope North	Provider Number : 029541804
	Date : 09/26/2018
700 S. Royal Poinciana Blvd Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Jessie Trice Community Health Center - Northshore	Provider Number : 029541806
	Date : 09/26/2018
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

Jessie Trice Community Health Center - Norland HCC	Provider Number : 029541808
	Date : 09/26/2018
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis





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

Jessie Trice Community Health Center - Charles Drew Elem	Provider Number : 029541810
	Date : 09/26/2018
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029541846 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jessie Trice Community Health Center	Provider Number : 029541846
Norland Primary Health	Date : 09/26/2018
5607 NW 27th Ave, Ste 1	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessie Trice Community Health Center - NW 37th Ave	Provider Number : 029541848
	Date : 09/26/2018
5607 NW 27th Avenue	Fiscal Year End : N/A
Miami, FL 331422826	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Jessica Trice Community Health Center- 75th Street	Provider Number : 029541850
	Date : 09/26/2018
5607 NW 27th Ave, Suite 1	Fiscal Year End : N/A
Miami, FL 331422826	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



Florida Agency for Health Care Administration

029541852 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029541852  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541854 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jessie Trice Community Health Ctr-Hialeah	Provider Number : 029541854
	Date : 09/26/2018
5607 NW 27th Ave	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541856 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jessie Trice Comm Hlth Ctr-71st st.  
  
6607 NW 27th Ave  
Miami, FL 33142

Provider Number : 029541856  
Date : 09/26/2018  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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

W.Rydell Samuel, Administrator   
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541858 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029541858  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





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

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

Provider Number : 029541860  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



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

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

Provider Number : 029541862  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541865 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jessie Trice Community Health System-Miami	Provider Number : 029541865
	Date : 09/26/2018
217 NW 15th Street	Fiscal Year End : N/A
Miami, FL 33136	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029542600 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jessie Trice Community Health Center - James Scott Satellite	Provider Number : 029542600
	Date : 09/26/2018
700 S. Royal Poinciana Blvd, Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.13	134.99	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029543400 - 2018/10

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Tallahassee, Florida 32308

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

Rural Health Care - Main	Provider Number : 029543400
	Date : 09/26/2018
P.O. Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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029543401 - 2018/10

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

Rural Health Care - Palatka Family Medical Center	Provider Number : 029543401
	Date : 09/26/2018
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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029543402 - 2018/10

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Tallahassee, Florida 32308

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

Rural Health Care - Interlachen Family Med. Center	Provider Number : 029543402
	Date : 09/26/2018
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029543403 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Rural Health Care - Crescent City Family Med. Center	Provider Number : 029543403
	Date : 09/26/2018
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Rural Health Care - Keystone Family Med. Center	Provider Number : 029543405
	Date : 09/26/2018
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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029543406 - 2018/10

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Tallahassee, Florida 32308

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


Rural Health Care - Hawthorne Family Med. Center	Provider Number : 029543406
	Date : 09/26/2018
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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

Rural Health Care - Palatka Family Medical Center	Provider Number : 029543407
	Date : 09/26/2018
P.O. Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029543411 - 2018/10

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

Rural Health Care - Family Med & Dental Ctr - Elm Street	Provider Number : 029543411
	Date : 09/26/2018
P.O. Box 817	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Tallahassee, Florida 32308

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

Rural Health Care, Inc.	Provider Number : 029543413
Eastside Family Dental Center	Date : 09/26/2018
PO Drawer 817	Fiscal Year End : N/A
Palatka, FL 321780817	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Rural Health Care Corp	Provider Number : 029543414
Family Medical & Dental Centers	Date : 09/26/2018
PO Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Rural Health Care Inc	Provider Number : 029543416
Family Medical & Dental - Clay Co.	Date : 09/26/2018
PO Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Rural Health Care Inc.	Provider Number : 029543418
Family Medical & Dental Ctrs - Green Cove	Date : 09/26/2018
PO Box 817	Fiscal Year End : N/A
Palatka, FL 321780817	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Rural Health Care
Azelea Health - Palm Coast
1302 River St
Palatka, Fl 32177

Provider Number : 029543422
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029543424 - 2018/10

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Tallahassee, Florida 32308

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

Rural Health Care	Provider Number : 029543424
Azalea Health - State Road	Date : 09/26/2018
PO Box 817	Fiscal Year End : N/A
Palatka, FL 32178-0817	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029543427 - 2018/10

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Tallahassee, Florida 32308

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

Rural Health Care- Azalea Health Dunn Avenue	Provider Number : 029543427
	Date : 09/26/2018
1455 Dunn Avenue	Fiscal Year End : N/A
Daytona Beach, FL 32114-1437	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029543429
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.39	128.16	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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

Miami Beach Community Health Center - Stanley C. Myers	Provider Number : 029544200
	Date : 09/26/2018
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



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

Miami Beach Community Health Center - Beverly Press	Provider Number : 029544201
	Date : 09/26/2018
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Miami Beach Community Health Center - Nanay Health Center	Provider Number : 029544207
	Date : 09/26/2018
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

- Fiscal Agent
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544214 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Miami Beach Comm Health Center - North Suite 309	Provider Number : 029544214
	Date : 09/26/2018
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544215 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Miami Beach Comm Health Ctr - North Suite 301, 305 and 307	Provider Number : 029544215
	Date : 09/26/2018
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029544217 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Miami Beach Comm Health Ctr - North Suite 308	Provider Number : 029544217
	Date : 09/26/2018
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Miami Beach Community Hlth Ctr- Biscayne Blvd	Provider Number : 029544220
	Date : 09/26/2018
11645 Biscayne Blvd	Fiscal Year End : N/A
North Miami, FL 33181	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029544222 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Miami Beach Comm Hlth Ctr-N Miami  
 11645 Biscayne Blvd  
 North Miami, FL 33181

Provider Number : 029544222  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029544224 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Miami Beach Community Health Center	Provider Number : 029544224
	Date : 09/26/2018
11645 Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33181	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	134.19	136.07	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Centers, Inc.	Provider Number : 029545100
	Date : 09/26/2018
P.O. Box 1249	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545108 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Centers, Inc.- Winter Garden Child Hlth	Provider Number : 029545108
WG Childrens Health	Date : 09/26/2018
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029545110 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Centers - Southlake Fmly Hlth	Provider Number : 029545110
Southlake Family Health	Date : 09/26/2018
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers - Winter Garden Fmly Hlth	Provider Number : 029545111
WG Family Health Center	Date : 09/26/2018
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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

Community Health Centers - Leesburg	Provider Number : 029545112
Leesburg Community	Date : 09/26/2018
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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

Community Health Centers - Apopka Fmly Hlth	Provider Number : 029545113
Apopka Family Health	Date : 09/26/2018
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers, Inc. - Apopka Childrens Hlth	Provider Number : 029545114
	Date : 09/26/2018
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Community Health Centers, Inc. - Pine Hills	Provider Number : 029545115
	Date : 09/26/2018
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Community Health Centers - Lake Ellenor	Provider Number : 029545119
	Date : 09/26/2018
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

Community Health Centers, Inc.	Provider Number : 029545121
Apopka Dental	Date : 09/26/2018
PO Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers	Provider Number : 029545123
Bithlo Family Health Center	Date : 09/26/2018
PO Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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

Community Health Centers Inc	Provider Number : 029545125
Meadow Woods Childrens Health Center	Date : 09/26/2018
110 South Woodland Street	Fiscal Year End : N/A
Winter Garden, FL 347873546	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029545129 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Centers-Tavares	Provider Number : 029545129
	Date : 09/26/2018
110 S Woodland St	Fiscal Year End : N/A
Winter Garden, FL 34787	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health Centers-Orlando	Provider Number : 029545131
	Date : 09/26/2018
110 S Woodland St	Fiscal Year End : N/A
Winter Garden, FL 34787	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029547700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Thomas E. Langley Medical Center	Provider Number : 029547700
	Date : 09/26/2018
1425 S. U.S. Hwy 301	Fiscal Year End : N/A
Sumterville, FL 33585	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.28	135.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029547702 - 2018/10

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Tallahassee, Florida 32308

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

Family Medical Center at the Shores	Provider Number : 029547702
	Date : 09/26/2018
1425 S. U.S. Hwy 301	Fiscal Year End : N/A
Sumterville, FL 33585	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.28	135.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029547709 - 2018/10

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Tallahassee, Florida 32308

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

Project Health	Provider Number : 029547709
	Date : 09/26/2018
1425 US Hwy 301	Fiscal Year End : N/A
Sumterville, FL 33585	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.28	135.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029547723 - 2018/10

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Tallahassee, Florida 32308

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

Project Health Inverness	Provider Number : 029547723
	Date : 09/26/2018
151 East Highland Blvd	Fiscal Year End : N/A
Inverness, FL 34452	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.28	135.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029547724 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Project Health Langley Health Services	Provider Number : 029547724
	Date : 09/26/2018
314 South Line Avenue	Fiscal Year End : N/A
Inverness, FL 34452	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.28	135.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Tallahassee, Florida 32308

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

Project Health Lecanto	Provider Number : 029547727
	Date : 09/26/2018
512 N Lecanto Highway 491	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.28	135.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029547729 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Project Health Crystal River Pediatrics	Provider Number : 029547729
	Date : 09/26/2018
547 SE Fort Island Trail Suite C&D	Fiscal Year End : N/A
Crystal River, FL 34429-8905	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.28	135.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029547731 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Project Health Crystal River	Provider Number : 029547731
	Date : 09/26/2018
547 SE Fort Island Trail E	Fiscal Year End : N/A
Crystal River, FL 34429	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	133.28	135.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



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

Tampa Community Health Center - Peter D	Provider Number : 029548500
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029548502 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Community Health Center - Salvation Army	Provider Number : 029548502
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Tampa Community Health Center - Sine Domus	Provider Number : 029548503
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029548504 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Community Health Center - Lee Davis	Provider Number : 029548504
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
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**Distribution:**

- Fiscal Agent
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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**

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

Provider Number : 029548505  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548506 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Community Health Center - Rome Ave	Provider Number : 029548506
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548513 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Community Health Center - Waters Ave	Provider Number : 029548513
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548516 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029548516  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548517 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Center #11	Provider Number : 029548517
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 336822969	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548519 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Center #27	Provider Number : 029548519
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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029548520 - 2018/10

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Tallahassee, Florida 32308

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

Tampa Family Health center #26	Provider Number : 029548520
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548521 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Centers #25	Provider Number : 029548521
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548522 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Centers #24	Provider Number : 029548522
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548527 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Center #23	Provider Number : 029548527
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 336822969	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548529 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Tampa Family Health Center Inc 28	Provider Number : 029548529
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 336822969	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548531 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Centers - #31	Provider Number : 029548531
	Date : 09/26/2018
PO Box 82969	Fiscal Year End : N/A
Tampa, FL 336822969	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029548533 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Centers- 22nd St	Provider Number : 029548533
	Date : 09/26/2018
P.O Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548535 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Center- Fletcher Ave	Provider Number : 029548535
	Date : 09/26/2018
P. O Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548537 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tampa Family Health Centers #37	Provider Number : 029548537
	Date : 09/26/2018
P. O. Box 82969	Fiscal Year End : N/A
Tampa, FL 33268	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care - Frostproof	Provider Number : 029549300
	Date : 09/26/2018
109 West Wall Street	Fiscal Year End : N/A
Frostproof, FL 33843	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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

Central Florida Health Care - Wachula	Provider Number : 029549301
	Date : 09/26/2018
204 E. Palmetto Street	Fiscal Year End : N/A
Wauchula, FL 33873	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

029549304 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Call - Avon Park	Provider Number : 029549304
	Date : 09/26/2018
400 South Lake Avenue	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029549305 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Center - Hardee	Provider Number : 029549305
	Date : 09/26/2018
950 County Road 17A West	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029549307 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care -NW 9th Ave	Provider Number : 029549307
	Date : 09/26/2018
950 County Rd 17A West	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549309 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Fl Hlthcare-Dundee Rd	Provider Number : 029549309
	Date : 09/26/2018
47 5th St NW	Fiscal Year End : N/A
Winter Haven, Fl 33881	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number : 029549311  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Florida Health Care-Winter Haven	Provider Number : 029549316
	Date : 09/26/2018
201 Magnolia Ave SW	Fiscal Year End : N/A
Winter Haven, Fl 33880	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029549318 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Central Florida Health Care	Provider Number : 029549318
	Date : 09/26/2018
705 Ingraham Avenue	Fiscal Year End : N/A
Haines City, FL 33844	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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Tallahassee, Florida 32308

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

Central Florida Health Care Winter Haven 1st Street	Provider Number : 029549319
	Date : 09/26/2018
PO Box 16344	Fiscal Year End : N/A
Winter Haven, FL 04915-4058	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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029549321 - 2018/10

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Tallahassee, Florida 32308

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


Central Florida Health Care Inc.	Provider Number : 029549321
	Date : 09/26/2018
305 West Central Ave	Fiscal Year End : N/A
Lake Wales, FL 33853	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

029550700 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Premier Community HC Group - Pasco	Provider Number : 029550700
	Date : 09/26/2018
37946 CHURCH AVE	Fiscal Year End : N/A
Dade City, FL 33525	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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

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

Premier Community HC Group - Zephyrhills	Provider Number : 029550701
	Date : 09/26/2018
37946 CHURCH AVE	Fiscal Year End : N/A
Dade City, FL 33525	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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029550702 - 2018/10

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Tallahassee, Florida 32308

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

Premier Community HC Group - Summit	Provider Number : 029550702
	Date : 09/26/2018
37946 CHURCH AVE	Fiscal Year End : N/A
Dade City, FL 33525	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029550703 - 2018/10

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Tallahassee, Florida 32308

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

Premier Community Healthcare Group - New Port Richey	Provider Number : 029550703
	Date : 09/26/2018
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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Florida Agency for Health Care Administration

029550704 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Premier Community Healthcare - Dade City	Provider Number : 029550704
	Date : 09/26/2018
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029550714 - 2018/10

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Tallahassee, Florida 32308

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


Premier Community Healthcare-Pasco Co	Provider Number : 029550714
	Date : 09/26/2018
P.O.Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029550716 - 2018/10

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Tallahassee, Florida 32308

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

Premier Comm Health Care Group-Denton Ave	Provider Number : 029550716
	Date : 09/26/2018
P.O Box 232	Fiscal Year End : N/A
Dade City, Fl 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Premier Community Healthcare Group Brooksville	Provider Number : 029550720
	Date : 09/26/2018
300 South Main Street	Fiscal Year End : N/A
Brooksville, FL 34601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Premier Community Healthcare Group Springhill/Forest Oaks	Provider Number : 029550721
	Date : 09/26/2018
7551 Forest Oaks Blvd	Fiscal Year End : N/A
Springhill, FL 34606	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029551500 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Family Health Center	Provider Number : 029551500
	Date : 09/26/2018
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 327716012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Central Florida Family Health-Alafaya	Provider Number : 029551502
	Date : 09/26/2018
11881-A E. Colonial Dr.	Fiscal Year End : N/A
Orlando, FL 32826	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029551504 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Family Health - Underhill Road	Provider Number : 029551504
	Date : 09/26/2018
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 32771	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



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

Central Florida Family Health Center - Lake Ellenor	Provider Number : 029551506
	Date : 09/26/2018
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 32771	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Tallahassee, Florida 32308

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

Central Florida Family Health Center - Forsyth	Provider Number : 029551513
	Date : 09/26/2018
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 32771	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Distribution:**

- Fiscal Agent
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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

029551515 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Family Health Center - Silver Star	Provider Number : 029551515
	Date : 09/26/2018
4930 E Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 327716012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029551517 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029551517  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029551518 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029551518
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029551521 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Family Health Center	Provider Number : 029551521
True Health - Airport Blvd	Date : 09/26/2018
4930 E. Lake Mary Blvd.	Fiscal Year End : N/A
Sanford, FL 32771-5003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029552300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Center of Columbia County, Inc.	Provider Number : 029552300
	Date : 09/26/2018
P.O. Box 249	Fiscal Year End : N/A
Lake City, FL 32056	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	101.82	103.24	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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 Medicaid Cost Reimbursement Analysis

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

Borinquen Health Care Center, Inc.	Provider Number : 029554000
	Date : 09/26/2018
3601 Federal Highway 3rd Floor	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029554002 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care - Federal Hwy	Provider Number : 029554002
	Date : 09/26/2018
3601 Federal Highway 3rd Floor	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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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

029554003 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Center, SW 8th Street	Provider Number : 029554003
	Date : 09/26/2018
3601 Federal Highway, 3rd Floor Finance	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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

Borinquen Health Care Center  
 3601 Federal Hwy, 6th Floor  
 Miami, FL 331373795

Provider Number : 029554016  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Borinquen Health Care Center - 19	Provider Number : 029554019
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Borinquen Health Care Center - 21	Provider Number : 029554021
	Date : 09/26/2018
3601 Federal Highway, 6th Floor	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029554023 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Center - 23	Provider Number : 029554023
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029554025 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Borinquen Health Care Center - 25	Provider Number : 029554025
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029554027 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Center - 27	Provider Number : 029554027
	Date : 09/26/2018
3601 Federal Hwy, 6th Floor	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Borinquen Health Care Center - 29  
 3601 Federal Highway, Suite 200  
 Miami, FL 331373795

Provider Number : 029554029  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Borinquen Health Care Center - 31	Provider Number : 029554031
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029554033 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Borinquen Health Care Center - Cottonwood Cir	Provider Number : 029554033
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029554035 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Center - North Bay Village	Provider Number : 029554035
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029554037 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Center - Miami Beach	Provider Number : 029554037
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Borinquen Health Care Center - Bay Harbor Islands	Provider Number : 029554039
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554041 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Center - 7th Street	Provider Number : 029554041
	Date : 09/26/2018
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554043 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Center
Kendall Regional
3601 Federal Highway
Miami, FL 331373795

Provider Number : 029554043
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554045 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Borinquen Health Care Center North Miami	Provider Number : 029554045
	Date : 09/26/2018
12603 NE 7th Avenue	Fiscal Year End : N/A
North Miami, FL 33161	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	129.08	130.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

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

Suncoast Community HCC - Ruskin	Provider Number : 029557400
	Date : 09/26/2018
P.O. Box 1349	Fiscal Year End : N/A
Ruskin, FL 33570	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557401 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029557401  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557402 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Suncoast Community HCC- Plant City	Provider Number : 029557402
	Date : 09/26/2018
P.O.Box 2096	Fiscal Year End : N/A
Plant City, FL 33566	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557403 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Suncoast Community HCC - Mobley Street	Provider Number : 029557403
	Date : 09/26/2018
P.O. Box 1349	Fiscal Year End : N/A
Ruskin, FL 33575	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557405 - 2018/10

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Tallahassee, Florida 32308

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


Suncoast Community Health Centers	Provider Number : 029557405
Joyce Ely Community Health Center	Date : 09/26/2018
PO Box 1349	Fiscal Year End : N/A
Ruskin, FL 33575	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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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

029557408 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Suncoast Community Health Centers	Provider Number : 029557408
Suncoast Mobile Dental Van	Date : 09/26/2018
PO Box 1349	Fiscal Year End : N/A
Ruskin, FL 33575	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557409 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

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

Suncoast Community Health Centers, Inc.	Provider Number : 029557409
Brandon Community Health Center	Date : 09/26/2018
PO Box 40	Fiscal Year End : N/A
Dover, FL 33527	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557412 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Suncoast Community Health Centers	Provider Number : 029557412
Oakfield Community Health Center	Date : 09/26/2018
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029557414 - 2018/10

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Tallahassee, Florida 32308

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

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


Provider Number : 029557414  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029557416 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Suncoast Community Health Centers, Inc.	Provider Number : 029557416
SCHC Womens Care of Lakeland	Date : 09/26/2018
13110 Elk Mountain Dr.	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557417 - 2018/10

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

Suncoast Community Health Center	Provider Number : 029557417
Suncoast Mobile Medical Bus	Date : 09/26/2018
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029557420 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

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

Suncoast Community Health Centers	Provider Number : 029557420
Wimauma Community Health Center	Date : 09/26/2018
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029557422 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Suncoast Community Health Centers	Provider Number : 029557422
Palm River Community Health Center	Date : 09/26/2018
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557424 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029557424  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.55	150.63	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

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

Provider Number : 029561200  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



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

Manatee County Rural Health Services- Bayshore  
 700 8th Ave W  
 Palmetto, FL 34221

Provider Number : 029561201  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029561202 - 2018/10

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**

Manatee County Rural Health Svcs. - Hwy 301	Provider Number : 029561202
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561203 - 2018/10

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**

Manatee County Rural Health Ser. - Lawton Chiles	Provider Number : 029561203
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

029561204 - 2018/10

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Tallahassee, Florida 32308

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

Manatee County Rural Health Ser - Southeast FHCC	Provider Number : 029561204
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561205 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Manatee County Rural Health Ser - East Manatee Health	Provider Number : 029561205
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561206 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Manatee County Rural Hlth Svc-Myakka FHCC	Provider Number : 029561206
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



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

Manatee County Rural Hlth Svc-Infectious Disease Ctr	Provider Number : 029561207
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



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

Manatee County Rural Health Ser. - North CHC Medical	Provider Number : 029561210
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561214 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Manatee County Rural Health Ser - Palmetto FHC	Provider Number : 029561214
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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

Manatee County Rural Health Services - Westgate	Provider Number : 029561218
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Manatee County Rural Health Services - Community Care HC	Provider Number : 029561220
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





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

Manatee County Rural Health Services - Lakewood	Provider Number : 029561222
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561224 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Manatee Rural County Health Services - Riverview	Provider Number : 029561224
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Manatee Rural Health Center - Whole Child Pediatrics	Provider Number : 029561228
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Manatee Rural Health Center - General Surgery	Provider Number : 029561230
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029561233
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561236 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029561236  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561238 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Manatee County Rural Health Services, Inc.	Provider Number : 029561238
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029561240  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis





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

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

Provider Number : 029561242  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



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

Manatee County Rural Health Services-Riverside Dr	Provider Number : 029561249
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029561251  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029561254 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029561254  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
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- Program Development:

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029561255
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561257 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 029561257  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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

Provider Number : 029561262
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029561264 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Manatee County Rural Health Svc	Provider Number : 029561264
Community Care Family Clinic	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis





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

Manatee County Rural Hlth Svc
Mobile Eye Care
700 8th Ave W
Palmetto, FI 34221

Provider Number : 029561265
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029561268
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

Manatee County Rural Health Services  
 12271 US Highway 301 N  
 Parrish, FL 34219

Provider Number : 029561271  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029565500
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.80	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Community Health Centers - Clearwater	Provider Number : 029565501
	Date : 09/26/2018
707 Druid Rd E	Fiscal Year End : N/A
Clearwater, FL 337563951	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.80	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029565503 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Center at Pinellas Park	Provider Number : 029565503
	Date : 09/26/2018
7550 43rd Street N	Fiscal Year End : N/A
Pinellas Park, FL 337813601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.81	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029565512 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Center - Largo

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12420 - 130th Ave

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Largo, FL 337741950

Provider Number : 029565512

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Date : 09/26/2018

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Fiscal Year End : N/A

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Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.80	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029565514 - 2018/10

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**

Community Health Centers @ Tarpon	Provider Number : 029565514
	Date : 09/26/2018
247 S. Huey Avenue	Fiscal Year End : N/A
Tarpon Springs, FL 346894205	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.81	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Community Health Centers at Bayfront	Provider Number : 029565516
	Date : 09/26/2018
PO Box 10549	Fiscal Year End : N/A
St. Petersburg, FL 337330549	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.80	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029565519 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Centers of Pinellas	Provider Number : 029565519
Clearwater Dental	Date : 09/26/2018
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.80	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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- Contract Management
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029565521 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Centers of Pinellas- St Petersburg	Provider Number : 029565521
	Date : 09/26/2018
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.80	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029565523 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Centers-Dunedin	Provider Number : 029565523
	Date : 09/26/2018
PO Box 10549	Fiscal Year End : N/A
St Petersburg, Fl 33733	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.80	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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

North Fl. Medical Ctr., Inc. - Wewahitchka Medical Ctr	Provider Number : 029568000
	Date : 09/26/2018
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029568001
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

North Fl. Medical Ctr., Inc. - Tri County FHCC
Tri County Family Health Care
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568005
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

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

Provider Number : 029568009  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

North Florida Medical Center	Provider Number : 029568010
Madison Medical Center	Date : 09/26/2018
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A
Tallahassee, FL 323081550	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

North Fl. Medical Ctrs., Inc. - Family Medical Practice	Provider Number : 029568012
	Date : 09/26/2018
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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

North Fl. Medical Ctrs., Inc. - Gadsden Medical Center	Provider Number : 029568013
Gadsden Medical Center	Date : 09/26/2018
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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029568017 - 2018/10

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

North Florida Medical Centers-Tallahassee	Provider Number : 029568017
	Date : 09/26/2018
2804 Remington Green Circle Suite #2	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

North FL. Medical Center - Eastpoint Medical Center	Provider Number : 029568030
Eastpoint Medical Center	Date : 09/26/2018
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Family Health Centers of SW Florida - Downtown Ft Myers	Provider Number : 029570100
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570101 - 2018/10

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Tallahassee, Florida 32308

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


Family Health Centers of SW Florida - Labelle	Provider Number : 029570101
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Family Health Centers of SW Florida - Bonita Springs	Provider Number : 029570102
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Family Health Centers of SW Florida - East Ft Myers	Provider Number : 029570103
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570105 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Centers of SW Florida - Leigh Acres	Provider Number : 029570105
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029570106 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Centers of SW Florida - North Ft Myers	Provider Number : 029570106
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



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

Family Health Centers of S.W. Florida - Paul Lawrence	Provider Number : 029570107
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029570109 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Centers of S.W. Florida - Metro Parkway	Provider Number : 029570109
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Family Health Centers. of S.W. Florida - Cape Coral	Provider Number : 029570110
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Family Health Centers of S.W. Florida - Broadway Dental	Provider Number : 029570111
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570112 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Centers of SW Florida Inc - Port Charlotte	Provider Number : 029570112
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029570115 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Hlth Ctr of SW Florida - Pine Island	Provider Number : 029570115
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029570117 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Centers of SW Florida - Tamiami Trail	Provider Number : 029570117
	Date : 09/26/2018
PO Box 1357	Fiscal Year End : N/A
Fort Myers, FL 339021357	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Family Health Centers of SW Florida
South Fort Myers Medical Center
PO Box 1588
Fort Myers, FL 33902

Provider Number : 029570118
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570120 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Hlth Centers of SW FL - Bonita Springs	Provider Number : 029570120
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570122 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Hlth Ctr of SW Florida - Broadway Ave	Provider Number : 029570122
	Date : 09/26/2018
P.O. Box 1588	Fiscal Year End : N/A
Ft. Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570125 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Centers of SW Florida	Provider Number : 029570125
Cape Coral Health Center	Date : 09/26/2018
PO Box 1357	Fiscal Year End : N/A
Fort Myers, FL 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570127 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Centers of SW Florida - Kings Hwy #210	Provider Number : 029570127
	Date : 09/26/2018
PO Box 1357	Fiscal Year End : N/A
Fort Myers, FL 339021357	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570129 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Family Hlth Ctr of SW Florida-Hagie Dr	Provider Number : 029570129
	Date : 09/26/2018
P.O. Box 1357	Fiscal Year End : N/A
Fort Meyers, Fl 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Family Hlth Ctrs of SW FL-FGCU	Provider Number : 029570131
	Date : 09/26/2018
10501 FGCU Blvd South	Fiscal Year End : N/A
Fort Myers, Fl 33965	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029570133 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Health Centers of Southwest Florida	Provider Number : 029570133
	Date : 09/26/2018
1926 Victoria Avenue	Fiscal Year End : N/A
Fort Myers, FL 33901	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	111.80	113.37	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572800 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida	Provider Number : 029572800
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**


Community Health of South Florida	Provider Number : 029572801
	Date : 09/26/2018
810 West Mowry Street	Fiscal Year End : N/A
Homestead, FL 33030	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029572804 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida	Provider Number : 029572804
W. Perrine Health Ctr	Date : 09/26/2018
17623 Homestead Avenue	Fiscal Year End : N/A
Perrine, FL 33157	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572805 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida	Provider Number : 029572805
Naranja Health Center	Date : 09/26/2018
13890 S.W. 264 Street	Fiscal Year End : N/A
Homestead, FL 33030	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572809 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S. Florida- Everglades	Provider Number : 029572809
Everglades Health Ctr	Date : 09/26/2018
19200 SW 380th St	Fiscal Year End : N/A
Florida City, FL 33030	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Comm Hlth of S. Florida-S Dade	Provider Number : 029572810
South Dade Health Center	Date : 09/26/2018
13600 SW 312th St	Fiscal Year End : N/A
Homestead, Fl 33090	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - Laura Saunders Elem	Provider Number : 029572815
	Date : 09/26/2018
10300 SW 216 Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029572817 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida - Homestead Senior High	Provider Number : 029572817
	Date : 09/26/2018
10300 SW 216 St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida - Cope South	Provider Number : 029572819
	Date : 09/26/2018
10300 SW 216 St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Distribution:**

- Fiscal Agent
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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



Florida Agency for Health Care Administration

029572821 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida - CHI Doris Ison	Provider Number : 029572821
	Date : 09/26/2018
15790 SW 307 Street	Fiscal Year End : N/A
Homestead, FL 33035	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572824 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida - Marathon Health Center	Provider Number : 029572824
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572826 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Community Health of South Florida - Moton Elementary Sch	Provider Number : 029572826
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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 Medicaid Cost Reimbursement Analysis

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



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

Community Health of South Florida - Campbell Drive Middle	Provider Number : 029572827
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Community Health of South Florida - Colonial Drive Elem	Provider Number : 029572828
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572829 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida - H.A Ammons Middle	Provider Number : 029572829
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572830 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida - Bowman Ashe Doolin 6-8	Provider Number : 029572830
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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<input type="checkbox"/>	Total Prospective																																
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- 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

029572831 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida - John A. Ferguson Senior	Provider Number : 029572831
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Distribution:**

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

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

Community Health of South Florida - South Dade Senior	Provider Number : 029572832
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572833 - 2018/10

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Tallahassee, Florida 32308

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

Community Health of South Florida - W.A. Chapman Elem	Provider Number : 029572833
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572835 - 2018/10

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

Community Health of South Florida - West Miami Middle	Provider Number : 029572835
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572837 - 2018/10

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Tallahassee, Florida 32308

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

Community Health of South Florida - Braddock Senior	Provider Number : 029572837
	Date : 09/26/2018
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572852 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Community Health of South Florida - Flagami Elem.	Provider Number : 029572852
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

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Tallahassee, Florida 32308

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

Community Health of S. Florida - Avocado Elem.	Provider Number : 029572853
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#652 / H52 Continuous Home Care			
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- 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

029572854 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S. Florida - Airbase Elem	Provider Number : 029572854
	Date : 09/26/2018
10300 SW 216 Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572855 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S. Florida - FL City Elem	Provider Number : 029572855
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572856 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S. Florida - Homestead Middle	Provider Number : 029572856
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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

Community Health of S. Florida - McMillan Middle	Provider Number : 029572857
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029572858 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S. Florida - Perrine Elem	Provider Number : 029572858
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572859 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S Florida - Redondo Elem	Provider Number : 029572859
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572868 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S. Florida - Royal Green Elem	Provider Number : 029572868
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572870 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of S Florida - South Wood Middle	Provider Number : 029572870
	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572875 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida  
 South Miami Health Center  
 10300 SW 216th Street  
 Miami, FL 331901003

Provider Number : 029572875  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida	Provider Number : 029572876
West Homestead Elementary	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029572890 - 2018/10

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

Community Health of South Florida	Provider Number : 029572890
Leisure City K-8 Center	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida	Provider Number : 029572895
West Kendall Health Center	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

029572897 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health of South Florida	Provider Number : 029572897
Coconut Grove Health Center	Date : 09/26/2018
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

029574400 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

FL Community Health Ctrs- Okeechobee	Provider Number : 029574400
	Date : 09/26/2018
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574402 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

FL Community Health Ctrs- Clewiston	Provider Number : 029574402
	Date : 09/26/2018
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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029574403 - 2018/10

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Tallahassee, Florida 32308

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

FL Community Health Ctrs- Indiantown	Provider Number : 029574403
	Date : 09/26/2018
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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029574404 - 2018/10

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

FL Community Health Ctrs- Ft. Pierce	Provider Number : 029574404
	Date : 09/26/2018
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

029574406 - 2018/10

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Tallahassee, Florida 32308

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

FL Community Health Ctrs- Lakeshore Medical	Provider Number : 029574406
	Date : 09/26/2018
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029574418 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

FL Community Health Centers - Pahokee	Provider Number : 029574418
	Date : 09/26/2018
4450 S. Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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029574420 - 2018/10

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Tallahassee, Florida 32308

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

FL Community Health Center - Moore Haven	Provider Number : 029574420
	Date : 09/26/2018
4450 S. Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029574422 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Florida Community Health Centers - Stuart	Provider Number : 029574422
	Date : 09/26/2018
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029574424 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Florida Community Health Center	Provider Number : 029574424
Ft. Pierce OB	Date : 09/26/2018
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029574426 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Florida Community Health Ctr	Provider Number : 029574426
Darwin Square Center	Date : 09/26/2018
4450 South Riffany Dr	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

037527610 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Premier Community Healthcare Group, Inc	Provider Number : 037527610
	Date : 09/26/2018
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	149.31	151.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

060551401 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Bond Community Health Center	Provider Number : 060551401
	Date : 09/26/2018
1720 S. Gadsden St.	Fiscal Year End : N/A
Tallahassee, FL 32314	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	117.78	119.43	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

060551402 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Bond Comm Health Assoc-West Orange	Provider Number : 060551402
	Date : 09/26/2018
1720 S Gadsden St	Fiscal Year End : N/A
Tallahassee, FL 32310	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	117.78	119.43	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

060551404 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Bond Community Health Center	Provider Number : 060551404
	Date : 09/26/2018
1720 S. Gadsden St.	Fiscal Year End : N/A
Tallahassee, FL 32310	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	117.78	119.43	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Bond Community Health Clinic  
 THA Health Center at Joe Louis  
 1720 S. Gadsden Street  
 Tallahassee, FL 323015506

Provider Number : 060551405  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	117.78	119.43	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

060551408 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Bond Specialty and Wellness Center	Provider Number : 060551408
	Date : 09/26/2018
1720 S. Gadsden Street	Fiscal Year End : N/A
Tallahassee, FL 323015506	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	117.78	119.43	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

060551410 - 2018/10

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Tallahassee, Florida 32308

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

Bond Community Health Associates	Provider Number : 060551410
	Date : 09/26/2018
2200 South Monroe	Fiscal Year End : N/A
Tallahassee, FL 32301	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	117.78	119.43	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

060638308 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Health Centers	Provider Number : 060638308
Johnnie Ruth Clarke Health Center	Date : 09/26/2018
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.80	115.40	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

073194309 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care Inc.	Provider Number : 073194309
Central Florida Health Care Inc.	Date : 09/26/2018
1129 N. Missouri Ave	Fiscal Year End : N/A
Lakeland, FL 33805-4411	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

100382300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care Inc. County Road 17	Provider Number : 100382300
	Date : 09/26/2018
950 County Road 17A W	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

262263706 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Neighborhood Medical Center  
 Havana Middle School  
 438 West Brevard street  
 Tallahassee, FL 32301

Provider Number : 262263706  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.97	115.57	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Neighborhood Medical Center  
 Havana Elementary School  
 438 West Brevard Street  
 Tallahassee, FL 32301

Provider Number : 262263707  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.97	115.57	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

262263708 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Neighborhood Medical Center  
Havana Heights PH Clinic  
438 West Brevard Street  
Tallahassee, FL 32301

Provider Number : 262263708  
Date : 09/26/2018  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.97	115.57	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Neighborhood Medical Center  
 Lincoln Center  
 438 West Brevard Street  
 Tallahassee, FL 32301

Provider Number : 262263709  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.97	115.57	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Neighborhood Medical Center  
 Smith Williams Center  
 438 West Brevard Street  
 Tallahassee, FL 32301

Provider Number : 262263710  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.97	115.57	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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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

262263711 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Neighborhood Medical Center  
 C V Butler Bldg  
 438 West Brevard Street  
 Tallahassee, FL 32301

Provider Number : 262263711  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.97	115.57	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263732 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Neighborhood Health Services  
 3013 Jim Lee Road  
 Tallahassee, FL 32301

Provider Number : 262263732  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.97	115.57	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680002500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Camillus Health Concern, Inc.

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336 N.W. Fifth Street

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Miami, FL 331281616

Provider Number : 680002500

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Date : 09/26/2018

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Fiscal Year End : N/A

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Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 

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Medicaid Cost Reimbursement Analysis

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

Camillus Health Concern	Provider Number : 680002505
Salvation Army	Date : 09/26/2018
336 NW 5th Street	Fiscal Year End : N/A
Miami, FL 331281616	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680002506 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Camillus Health Concern	Provider Number : 680002506
Camillus House	Date : 09/26/2018
336 NW 5th Street	Fiscal Year End : N/A
Miami, FL 331281616	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#659 Room and Board			

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

Camillus Health Concern
Better Way of Greater Miami
336 NW 5th Street
Miami, FL 331281616

Provider Number : 680002508
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Camillus Health Concern - 7th Ave	Provider Number : 680002515
	Date : 09/26/2018
336 NW 5th Street	Fiscal Year End : N/A
Miami, FL 331281616	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Treasure Coast Community Health	Provider Number : 680005000
Fellsmere	Date : 09/26/2018
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.29	153.41	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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680005001 - 2018/10

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Tallahassee, Florida 32308

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

Treasure Coast Community Health - Vero	Provider Number : 680005001
	Date : 09/26/2018
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.29	153.41	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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680005002 - 2018/10

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

Treasure Coast Community Health - Vero2	Provider Number : 680005002
	Date : 09/26/2018
12196 County Rd. 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.29	153.41	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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680005006 - 2018/10

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

Treasure Coast Community Health, Inc. - Sebastian	Provider Number : 680005006
	Date : 09/26/2018
12196 County Road 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.29	153.41	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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680005011 - 2018/10

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Tallahassee, Florida 32308

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

Treasure Coast Comm Mental Health-Fellsmere	Provider Number : 680005011
	Date : 09/26/2018
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.29	153.41	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Treasure Coast Comm Hlth-21st Ave	Provider Number : 680005013
	Date : 09/26/2018
1955 21st Ave	Fiscal Year End : N/A
Vero Beach, Fl 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.29	153.41	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680005015 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Treasure Coast Comm Hlth-Sebastian	Provider Number : 680005015
	Date : 09/26/2018
13507 US Hwy 1	Fiscal Year End : N/A
Sebastian, FL 32958	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	151.29	153.41	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Broward Comm & Family Health Centers, Inc	Provider Number : 680027100
	Date : 09/26/2018
2518 N State Rd. 7	Fiscal Year End : N/A
Hollywood, Fl 33021	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680027102 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Broward Community FH - North Powerline Road	Provider Number : 680027102
	Date : 09/26/2018
168 North Powerline Road	Fiscal Year End : N/A
Pompano Beach, FL 33069	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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680027104 - 2018/10

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

Broward Community & Family Health - West Park	Provider Number : 680027104
	Date : 09/26/2018
5010 Hollywood Blvd., Ste 100B	Fiscal Year End : N/A
Hollywood, FL 33021	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

680027106 - 2018/10

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

Broward Community & Family Health Centers	Provider Number : 680027106
Central Broward Community Health Center	Date : 09/26/2018
5010 Hollywood Blvd, Ste 100B	Fiscal Year End : N/A
Hollywood, FL 330216557	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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Florida Agency for Health Care Administration

680027108 - 2018/10

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Tallahassee, Florida 32308

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

Broward Comm & Family Hlth Ctrs-Powerline Rd	Provider Number : 680027108
	Date : 09/26/2018
5010 Hollywood Blvd	Fiscal Year End : N/A
Hollywood, Fl 33021	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	148.58	150.66	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
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<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
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<input type="checkbox"/> Average Nursing Home Rate	
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 Medicaid Cost Reimbursement Analysis

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

Manatee Rural County Health Ser - Arcadia FHC	Provider Number : 680996100
	Date : 09/26/2018
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.82	127.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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681471900 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care-Dundee	Provider Number : 681471900
	Date : 09/26/2018
950 CR 17A West	Fiscal Year End : N/A
Avon Park, Fl 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Community Health Centers, Inc. - Eatonville Med/Dent Center	Provider Number : 681969900
	Date : 09/26/2018
P.O. Box 4099	Fiscal Year End : N/A
Apopka, Fl 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	145.12	147.15	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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682960100 - 2018/10

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

Central Florida Family Health Center-Hoffner	Provider Number : 682960100
	Date : 09/26/2018
5449 South Semoran Blvd	Fiscal Year End : N/A
Orange, Fl 32822	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	114.02	115.62	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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683710700 - 2018/10

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

Tampa Community Health Center - Mobile Medical Center	Provider Number : 683710700
	Date : 09/26/2018
P.O. Box 82969	Fiscal Year End : N/A
Tampa, FL 33682	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	126.33	128.09	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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683955003 - 2018/10

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Tallahassee, Florida 32308

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

Collier Health Services - Horizon PCC  
 P.O. Box 12229  
 Naples, FL 34101

Provider Number : 683955003  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Collier Hlth Svc-Creekside Pediatrics	Provider Number : 683955005
	Date : 09/26/2018
P.O Box 12229	Fiscal Year End : N/A
Naples, FL 34101	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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683955006 - 2018/10

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Tallahassee, Florida 32308

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

Collier Health Services - Ronald McDonald	Provider Number : 683955006
	Date : 09/26/2018
P. O. Box 12229	Fiscal Year End : N/A
Naples, FL 34101	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955010 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Collier Health Services, Inc - Countryside Childrens Dental	Provider Number : 683955010
	Date : 09/26/2018
1454 Madison Avenue	Fiscal Year End : N/A
Imokalee, FL 33934	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Collier Health Services, Inc. - FSU Primary Care  
1454 Madison Avenue  
Imokalee, FL 33934

Provider Number : 683955012  
Date : 09/26/2018  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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<input type="checkbox"/> 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	
Collier	

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Medicaid Cost Reimbursement Analysis

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

Collier Health Services
UF Pediatric Dental Center
1454 Madison Ave W
Immokalee, FL 341422200

Provider Number : 683955014
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955017 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Collier Health Services  
 Creekside Family Practice  
 PO Box 12229  
 Naples, FL 341012229


Provider Number : 683955017  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Collier Health Services
Womens Care Naples
1454 Madison Ave
Immokalee, FL 341422200

Provider Number : 683955019
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Collier Health Services	Provider Number : 683955021
Total Womens Care	Date : 09/26/2018
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, Fl 34142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955023 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Collier Health Svc	Provider Number : 683955023
Friendship Hlth Ctr	Date : 09/26/2018
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, Fl 34142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



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

Collier Health Svc-YMCA Rd  
 5450 YMCA Rd #102  
 Naples, FL 34109

Provider Number : 683955024  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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

Collier Health Svc
Dental Care Central
1454 Madison Ave W
Immokalee, FL 34142

Provider Number : 683955027
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Collier Health Svc-Health & Smiles
1454 Madison Ave W
Immokalee, FL 34142

Provider Number : 683955029
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Collier Health Services- Naples  
 6075 Bathey Lane  
 Naples, FL 34116

Provider Number : 683955031  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

684660200 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

FL Community Health Ctrs- St. Lucie  
 4450 South Tiffany Drive  
 West Palm Beach, FL 32407

Provider Number : 684660200  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

684660202 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

FL Community Health Ctrs- Hillmoor Dr.  
 1701 S.E. Hillmoor Dr.  
 Port St. Lucie, FL 34952

Provider Number : 684660202  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.44	127.20	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

684783800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Medical Center, Inc. - Taylor Dental Center	Provider Number : 684783800
Taylor Dental Clinic	Date : 09/26/2018
409 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472309	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
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Florida Agency for Health Care Administration

686032000 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

I.M. Solzbacher Ctr for the Homeless	Provider Number : 686032000
	Date : 09/26/2018
611 E. Adams St	Fiscal Year End : N/A
Jacksonville, FL 32202	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

I.M. Solzbacher  
 Beaches Community Healthcare  
 611 E. Adams Street  
 Jacksonville, FL 32202

Provider Number : 686032002  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

686728600 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


St. Joseph Care of Florida - Garrison Ave	Provider Number : 686728600
	Date : 09/26/2018
2475 Garrison Avenue	Fiscal Year End : N/A
Port St. Joe, FL 32546	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	106.39	107.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

686728602 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


St. Joseph Care of Florida - Lake Avenue	Provider Number : 686728602
	Date : 09/26/2018
2475 Garrison Avenue	Fiscal Year End : N/A
Port St. Joe, FL 32546	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	106.39	107.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

686728604 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

St. Joseph Care of Florida - Fourth Street	Provider Number : 686728604
	Date : 09/26/2018
2475 Garrison Avenue	Fiscal Year End : N/A
Port St. Joe, FL 32546	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	106.39	107.88	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

687429100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Health Care Centers for Homeless - Westmoreland	Provider Number : 687429100
	Date : 09/26/2018
234 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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**Distribution:**

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429102 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Health Care Centers for Homeless - Parramore	Provider Number : 687429102
	Date : 09/26/2018
234 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

687429104 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Health Care Center for the Homeless	Provider Number : 687429104
	Date : 09/26/2018
232 N. Orange Blossom Trail	Fiscal Year End : N/A
32805, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429106 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Health Care Center for the Homeless	Provider Number : 687429106
Orange Blossom Family Health Center	Date : 09/26/2018
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

687429108 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Health Care Centers for the Homeless  
HTI, Orange Blossom Family Health  
232 North Orange Blossom Trail  
Orlando, FL 328051612

Provider Number : 687429108  
Date : 09/26/2018  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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<input type="checkbox"/> 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	
Orange	

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Medicaid Cost Reimbursement Analysis

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

Healthcare Care Ctr for the Homeless	Provider Number : 687429110
Orange Blossom Family Hlth Ctr	Date : 09/26/2018
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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

Health Care Center for the Homeless	Provider Number : 687429112
Orange Blossom Family Health Center #12	Date : 09/26/2018
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orange, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Health Care Ctr for the Homeless
232 N Orange Blossom Trail
Orlando, FL 32805-1612

Provider Number : 687429114
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Health Care Center for the Homeless #16	Provider Number : 687429116
Orange Blossom Family Hlth Ctr	Date : 09/26/2018
232 N Orange Blossom Trail	Fiscal Year End : N/A
Orlando, Fl 32805	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

687429118 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Health Care Ctr for the Homeless#18  
 Orange Blossom Family Hlth Ctr  
 232 N. Orange Blossom Trail  
 Orlando, Fl 32805

Provider Number : 687429118  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

687429120 - 2018/10

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Tallahassee, Florida 32308

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

Health Care Center for the Homless Inc	Provider Number : 687429120
Orange Blossom Family Health Center- Evans	Date : 09/26/2018
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805-1612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

687429122 - 2018/10

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

Health Care Center for the Homeless Orange Blossom Pediatrics	Provider Number : 687429122
	Date : 09/26/2018
701 W Livingston Street Bldg 800	Fiscal Year End : N/A
Orlando, FL 32803	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	141.62	143.60	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

687955100 - 2018/10

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Tallahassee, Florida 32308

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

Northeast Florida Health Svc - North Volusia Ave	Provider Number : 687955100
	Date : 09/26/2018
PO Box 527	Fiscal Year End : N/A
Pierson, FL 32180	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



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Tallahassee, Florida 32308

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

Northeast Florida Health Svcs - West Plymouth Ave	Provider Number : 687955102
	Date : 09/26/2018
PO Box 527	Fiscal Year End : N/A
Pierson, FL 32180	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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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

687955104 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


Northeast Florida Health Services, Inc. - Deltona	Provider Number : 687955104
	Date : 09/26/2018
PO Box 527	Fiscal Year End : N/A
Pierson, FL 321800527	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955106 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Northeast Florida Health Services - Deland	Provider Number : 687955106
	Date : 09/26/2018
1015 N. Stone Street, Unit A	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955111 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Northeast Florida Health Services	Provider Number : 687955111
	Date : 09/26/2018
801 Beville Rd	Fiscal Year End : N/A
South Daytona, FL 32119	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688412100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pinellas County Board-Mobile Med Unit  
 647 1st Ave. North  
 St. Petersburg, FL 337013601

Provider Number : 688412100  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.79	115.39	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Pinellas</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Distribution:**

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- 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**

Citrus Health Network	Provider Number : 688571300
	Date : 09/26/2018
4175 W. 20th Avenue	Fiscal Year End : N/A
Hialeah, FL 33012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.09	155.23	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688571302 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Citrus Health Network	Provider Number : 688571302
	Date : 09/26/2018
551 West 51st Street Place, Second Floor	Fiscal Year End : N/A
Hialeah, FL 330123601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.09	155.23	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688571306 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Citrus Health Network, Inc.  
 4175 West 20th Ave.  
 Hialeah, FL 33012

Provider Number : 688571306  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.09	155.23	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Citrus Health Network, E. 3rd St  
 4175 West 20th Ave.  
 Hialeah, FL 33012

Provider Number : 688571308  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.09	155.23	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Citrus Health Network-SW 26th St	Provider Number : 688571310
	Date : 09/26/2018
4175 W. 20th Ave	Fiscal Year End : N/A
Hialeah, Fl 33012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.09	155.23	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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

Citrus Health Network-Hialeah  
 4175 W 20th Ave  
 Hialeah, Fl 33012

Provider Number : 688571314  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	153.09	155.23	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Tallahassee, Florida 32308

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

The Brevard Health Alliance, Inc	Provider Number : 688693100
	Date : 09/26/2018
5270 Babcock St NE	Fiscal Year End : N/A
Palm Bay, FL 329054616	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.09	146.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

The Brevard Health Alliance - Hickory	Provider Number : 688693102
	Date : 09/26/2018
17 Silver Palm Ave.	Fiscal Year End : N/A
Melbourne, FL 329013231	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.09	146.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

The Brevard Health Alliance - County Clinic	Provider Number : 688693106
	Date : 09/26/2018
220 Barton Blvd, Unit C14	Fiscal Year End : N/A
Rockledge, FL 32955	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.09	146.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

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

The Brevard Health Alliance - BHA Intl Mobile Unit	Provider Number : 688693108
	Date : 09/26/2018
220 Barton Blvd, Unit C14	Fiscal Year End : N/A
Rockledge, FL 32955	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.09	146.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

**Distribution:**

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Florida Agency for Health Care Administration

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

The Brevard Health Alliance - N. Washington Ave	Provider Number : 688693112
	Date : 09/26/2018
500 N. Washington Ave., Ste 105	Fiscal Year End : N/A
Titusville, FL 32796	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.09	146.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Brevard Health Alliance	Provider Number : 688693114
	Date : 09/26/2018
775 Malabar Rd	Fiscal Year End : N/A
Malabar, FL 32950	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.09	146.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

Brevard Health Alliance - Sarno  
PO Box 1137  
Melbourne, FL 329021137

Provider Number : 688693119  
Date : 09/26/2018  
Fiscal Year End : N/A  
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.09	146.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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Florida Agency for Health Care Administration

688693121 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

The Brevard Hlth Alliance- Cocoa  
 7227 North US Hwy 1  
 Cocoa, Fl 32927

Provider Number : 688693121  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	144.09	146.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

689693600 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pancare of Florida	Provider Number : 689693600
	Date : 09/26/2018
2309 E. 15th Street	Fiscal Year End : N/A
Panama City, FL 32405	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

689693603 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pancare of Florida, Inc.	Provider Number : 689693603
Dental	Date : 09/26/2018
707 Jenks Ave., Suite A	Fiscal Year End : N/A
Panama City, FL 324012586	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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Florida Agency for Health Care Administration

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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

PanCare of Florida - Santa Rosa Bch	Provider Number : 689693604
CHC - Walton County	Date : 09/26/2018
361 Greenway Trail	Fiscal Year End : N/A
Santa Rosa Beach, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis





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689693605 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

PanCare of Florida - Bruce	Provider Number : 689693605
	Date : 09/26/2018
431 Oak Ave.	Fiscal Year End : N/A
Panama City, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

689693607 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pancare of Florida - Bristol	Provider Number : 689693607
	Date : 09/26/2018
431 Oak Ave	Fiscal Year End : N/A
Panama City, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693609 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

PanCare of Florida - Blountstown  
 431 Oak Ave  
 Panama City, FL 32401

Provider Number : 689693609  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

689693611 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pancare of Florida - Bonifay	Provider Number : 689693611
	Date : 09/26/2018
431 Oak Ave	Fiscal Year End : N/A
Panama City, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

689693612 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pancare of Florida - Chipley  
 431 Oak Ave  
 Panama City, FL 32401

Provider Number : 689693612  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

PanCare of Florida- Port St Joe	Provider Number : 689693615
	Date : 09/26/2018
403 11th St	Fiscal Year End : N/A
Panama City, Fl 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

689693617 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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


PanCare of Florida-Wewahitchka	Provider Number : 689693617
	Date : 09/26/2018
403 E. 111th St	Fiscal Year End : N/A
Panama City, Fl 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693619 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

PanCare of Florida-Carrabelle	Provider Number : 689693619
	Date : 09/26/2018
403 E. !!th St	Fiscal Year End : N/A
Panama City, Fl 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693621 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

PanCare of Florida-Panama City	Provider Number : 689693621
4126 Independent Dr	Date : 09/26/2018
Marianna, FL 32448	Fiscal Year End : N/A
	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

689693623 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

PanCare of Florida - Youngstown	Provider Number : 689693623
	Date : 09/26/2018
12427 Highway 231	Fiscal Year End : N/A
Youngstown, FL 32466	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	125.83	127.59	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Agape Community Health Center  
 1760 Edgewood Ave West  
 Jacksonville, FL 32208

Provider Number : 690556100  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

FL Dept of Health	Provider Number : 690556105
Agape Community Health Center - Timiquana	Date : 09/26/2018
900 Universtiy Blvd, MC 75	Fiscal Year End : N/A
Jacksonville, FL 32211	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	121.88	123.58	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Trenton Medical Center, Inc. - Bell Family Healthcare	Provider Number : 690595100
	Date : 09/26/2018
1830 N. Main Street	Fiscal Year End : N/A
Bell, FL 32619	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	108.59	110.11	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

691835200 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care - OB/GYN	Provider Number : 691835200
	Date : 09/26/2018
950 Co. Road 17A West	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

691835202 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care - Lakeland	Provider Number : 691835202
	Date : 09/26/2018
950 Co. Road 17A West	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

691835204 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care Inc.  
 CFHC - Winter Haven Center  
 1514 1st Street North  
 Winter Haven, FL 338812476

Provider Number : 691835204  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

691835206 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Central Florida Health Care	Provider Number : 691835206
Lake Wales Dental	Date : 09/26/2018
225 Lincoln Ave	Fiscal Year End : N/A
Lake Wales, FL 338533546	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	152.83	154.97	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Florida Med. Ctr - Taylor Medical	Provider Number : 692957500
	Date : 09/26/2018
255 W. River Road	Fiscal Year End : N/A
Wewahitchka, FL 32465	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

692990700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Escambia Community Clinics	Provider Number : 692990700
	Date : 09/26/2018
2200 N. Palafox St	Fiscal Year End : N/A
Pensacola, FL 32514	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Community Clinics, Inc.	Provider Number : 692990702
Santa Rosa Community Clinic	Date : 09/26/2018
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

692990704 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Escambia Community Clinics, Inc	Provider Number : 692990704
	Date : 09/26/2018
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

692990705 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Escambia Community Clinics, Inc.	Provider Number : 692990705
Lanza Pediatrics	Date : 09/26/2018
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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

Escambia Community Clinics, Inc.	Provider Number : 692990706
Lakeview Medical Clinic	Date : 09/26/2018
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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692990710 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Escambia Community Clinics Inc	Provider Number : 692990710
First Steps Pediatrics	Date : 09/26/2018
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 325011723	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

692990714 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Escambia Community Clinics	Provider Number : 692990714
	Date : 09/26/2018
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 325011723	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Escambia Community Clinic	Provider Number : 692990716
Waterfront Rescue Mission	Date : 09/26/2018
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32505	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator   
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Florida Agency for Health Care Administration

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Escambia Community Clinics
ECC Women's Health
14 W. Jordan Street
Pensacola, FL 32501

Provider Number : 692990718
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



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

Escambia Community Clinics
ECC at Cantonment Pediatrics
14 W Jordan Street
Pensacola, FL 32501

Provider Number : 692990721
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

692990722 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Escambia Community Clinics  
 ECC at Weis Elem  
 2701 N "Q" St  
 Pensacola, Fl 32505

Provider Number : 692990722  
 Date : 09/26/2018  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Escambia Comm Clinics	Provider Number : 692990725
ECC at Century Pediatrics	Date : 09/26/2018
501 Church St	Fiscal Year End : N/A
Century, Fl 32535	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

ECC Urgent Care	Provider Number : 692990728
	Date : 09/26/2018
14 W Jordan Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	132.40	134.26	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

693564800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Med Ctr - Crestview Med Center	Provider Number : 693564800
	Date : 09/26/2018
535 John Knox Rd	Fiscal Year End : N/A
Tallahassee, FL 32303	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

693564804 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Medical Centers-Shalimar	Provider Number : 693564804
	Date : 09/26/2018
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A
Tallahassee, FL 323081550	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

693564806 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Medical Center- Wright Pkwy	Provider Number : 693564806
	Date : 09/26/2018
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A
Tallahassee, FL 323081550	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

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

North Florida Medical Center-Land Rd	Provider Number : 693564808
	Date : 09/26/2018
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A
Tallahassee, FL 323081550	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Tallahassee, Florida 32308

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

North Florida Medical Centers- Fort Walton	Provider Number : 693564810
	Date : 09/26/2018
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A
Tallahassee, FL 323081550	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<b>X</b> Federally Qualified Health Centers	113.21	114.79	10/01/2018
Hospice Provider			
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