



Florida Agency for Health Care Administration

000255800 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Health Clinic	Provider Number : 000255800
	Date : 09/27/2019
1351 South Blvd	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.82	81.02	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000387200 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Acute Care Pediatrics of Palm Coast, PA	Provider Number : 000387200
	Date : 09/27/2019
397 SW Palm Coast Parkway, #309	Fiscal Year End : N/A
Palm Coast, FL 32137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.82	81.02	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthflo Medical Clinic, Inc.	Provider Number : 000997400
Ridge Manor Medical Clinic	Date : 09/27/2019
34498 Cortez Blvd	Fiscal Year End : N/A
Ridge Manor, FL 335238908	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.82	81.02	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics, PLLC	Provider Number : 001165800
	Date : 09/27/2019
1702 S Jefferson St	Fiscal Year End : N/A
Perry, FL 32348	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.82	81.02	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics-Madison
 194 NE Hancock Ave
 Madison, FL 32340

Provider Number : 001165803
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics-Alachua
15260 NW 147th Drive
Alachua, FL 32615

Provider Number : 001165807
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.82	81.02	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avon Park Pediatrics, PA
 1571 US Hwy 27 North
 Avon Park, FL 33825

Provider Number : 001524200
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.73	80.92	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

001532500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics - Lake City	Provider Number : 001532500
	Date : 09/27/2019
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 320256966	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.34	85.61	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001534800 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics - Jasper	Provider Number : 001534800
	Date : 09/27/2019
1117 US Highway 41 NW, Suite B	Fiscal Year End : N/A
Jasper, FL 320525856	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.34	85.61	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

001589500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA	Provider Number : 001589500
Suncoast Primary Care Specialists - Inverness	Date : 09/27/2019
3733 Gulf To Lake Hwy.	Fiscal Year End : N/A
Inverness, FL 344534830	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.80	81.00	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001768600 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 001768600
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.80	81.00	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

002074400 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wakulla Urgent Care and Diagnostic Ctr PLC	Provider Number : 002074400
	Date : 09/27/2019
2615 Crawfordville Hwy, Suite 103	Fiscal Year End : N/A
Crawfordville, FL 323272169	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.81	81.01	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

002335400 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 002335400
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.81	81.01	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Pediatric & Internal Medicine Specialists, PA	Provider Number : 002952100
	Date : 09/27/2019
PO Box 2066	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.97	81.17	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 002983100
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.76	80.95	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Polk</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Florida Agency for Health Care Administration

002983300 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dorothy J. Ray, MD	Provider Number : 002983300
Pediatric Associates of Lakeland	Date : 09/27/2019
2140 East Edgewood Drive	Fiscal Year End : N/A
Lakeland, FL 33803	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.76	80.95	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

003129100 - 2019/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA	Provider Number : 003129100
	Date : 09/27/2019
402 W. Highland Blvd.	Fiscal Year End : N/A
Inverness, FL 344524718	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.97	81.17	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

003198500 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Premier Pediatrics, LLC	Provider Number : 003198500
	Date : 09/27/2019
7960 SW 60th Ave.	Fiscal Year End : N/A
Ocala, FL 344766457	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.00	81.20	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics - Dunnellon	Provider Number : 003198505
	Date : 09/27/2019
7960 SW 60th Ave, Ste 100	Fiscal Year End : N/A
Ocala, FL 344768307	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.26	81.46	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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003432700 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

High Springs Pediatrics, LLC	Provider Number : 003432700
	Date : 09/27/2019
210 NW 1st Ave.	Fiscal Year End : N/A
High Springs, FL 326431002	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.97	81.17	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

003557700 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Grace Healthcare Solutions, Inc.	Provider Number : 003557700
	Date : 09/27/2019
7368 State Road 15, US 441	Fiscal Year End : N/A
Pahokee, FL 334761736	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.99	81.19	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003682000 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 003682000
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.97	81.17	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 004510300
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

004567100 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ira Fialko, DO, PA	Provider Number : 004567100
	Date : 09/27/2019
6171 West Gulf to Lake Highway	Fiscal Year End : N/A
Crystal River, FL 344292679	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

004770700 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 004770700
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 004771000
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

005919400 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Assoc. PA	Provider Number : 005919400
	Date : 09/27/2019
3775 N. Lecanto Hwy	Fiscal Year End : N/A
Beverly Hills, FL 344653504	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

005951500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 005951500
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates	Provider Number : 005951502
	Date : 09/27/2019
801 Medical Ct. E	Fiscal Year End : N/A
Inverness, FL 34452	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic		80.21	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

006449300 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sonnis Pediatrics PA	Provider Number : 006449300
	Date : 09/27/2019
1125 South Sixth Avenue	Fiscal Year End : N/A
Wauchula, FL 33873	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunshine Pediatrics of Ocala, PA	Provider Number : 006480000
	Date : 09/27/2019
1900 SW 20th Place	Fiscal Year End : N/A
Ocala, FL 344717870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

007197500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Louis J. Radnothy, DO	Provider Number : 007197500
	Date : 09/27/2019
390 S. Central Ave.	Fiscal Year End : N/A
Umatilla, FL 327842325	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.15	81.35	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

007210600 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Weirsdale Family Health Center Inc.	Provider Number : 007210600
	Date : 09/27/2019
16400 South Highway 25	Fiscal Year End : N/A
Wiersdale, FL 321952442	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.15	81.35	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

007864900 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

A Womans Place, Inc.	Provider Number : 007864900
	Date : 09/27/2019
1415 NW 23rd Ave.	Fiscal Year End : N/A
Chiefland, FL 326440058	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.15	81.35	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008413600 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

University of Florida College of Nursing	Provider Number : 008413600
Archer Family Health Care	Date : 09/27/2019
16939 SW 134th Ave	Fiscal Year End : N/A
Archer, FL 326185413	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.15	81.35	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Medical Group PA	Provider Number : 009615800
	Date : 09/27/2019
130 SW 7th Street	Fiscal Year End : N/A
Williston, FL 326962404	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.15	81.35	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Magnolia Pediatrics LLC	Provider Number : 009634300
	Date : 09/27/2019
1140 SW Bascom Norris Drive Ste 104	Fiscal Year End : N/A
Lake City, FL 320251329	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.15	81.35	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010332700 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 010332700
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.71	82.94	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Grace Pediatrics PL	Provider Number : 010633400
	Date : 09/27/2019
4196 W US Highway 90 STE 105	Fiscal Year End : N/A
Lake City, FL 320558834	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.26	81.46	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010801000 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Rural Health and Wellness Clinic	Provider Number : 010801000
	Date : 09/27/2019
300A NW 1st Ave	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.15	81.35	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Levy</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Medical Pediatric Clinic	Provider Number : 010855400
	Date : 09/27/2019
315 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472029	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.82	81.02	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
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Florida Agency for Health Care Administration

014637300 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

First Coast Obstetrics & Gynecology	Provider Number : 014637300
	Date : 09/27/2019
PO Box 519	Fiscal Year End : N/A
Palatka, Fl 32178-0519	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.25	81.46	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 014683500
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.25	81.46	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

015048100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Columbia Co	Provider Number : 015048100
	Date : 09/27/2019
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 32025	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.24	81.45	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics-Silver Springs
 7960 SW 60th Ave Ste 1
 Ocala, FL 34476

Provider Number : 016431000
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

Rate Type :	
<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Prospective Adjusted for New costs
<input type="checkbox"/>	Interim
<input type="checkbox"/>	Total Interim
<input type="checkbox"/>	Settlement based on costs

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Florida Agency for Health Care Administration

016554200 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 016554200
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.43	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Marion</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Florida Agency for Health Care Administration

016770200 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 016770200
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

017470000 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 017470000
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family & After Hours Care	Provider Number : 018968900
	Date : 09/27/2019
1413 NW 23rd Ave	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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019432300 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


North Florida Pediatrics-Cross City	Provider Number : 019432300
	Date : 09/27/2019
149 NE 241st St Ste A	Fiscal Year End : N/A
Cross City, Fl 32628	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Divaker Pediatrics	Provider Number : 019474000
	Date : 09/27/2019
6551 N Orange Blossom Trl	Fiscal Year End : N/A
Mount Dora, Fl 32757	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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020403901 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Reliant Acute Care
 5781 Lee Blvd
 Lehigh Acres, FL 33971

Provider Number : 020403901
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.43	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Kids Health Alliance, P.A.	Provider Number : 023548300
	Date : 09/27/2019
2650 NW 2nd Street Suite 100	Fiscal Year End : N/A
Ocala, FL 34475	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northwest Florida Healthcare
 Chipley Medical Group
 1376 Brickyard Rd Ste 4
 Chipley, FL 32428

Provider Number : 023710500
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.92	81.12	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506000
	Date : 09/27/2019
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.87	87.16	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

ACV Community Services	Provider Number : 029511600
	Date : 09/27/2019
PO Box 4675	Fiscal Year End : N/A
Dowling Park, FL 32064	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.75	79.93	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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060245101 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Acorn Rural Health Clinic	Provider Number : 060245101
	Date : 09/27/2019
23320 North State Road 235	Fiscal Year End : N/A
Brooker, FL 32622	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.03	84.27	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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063363101 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Kid's Care Pediatrics	Provider Number : 063363101
	Date : 09/27/2019
6910 Old Wolf Bay Rd	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.34	85.61	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

100167400 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dynamic Health Centers-Lake City
 163 Sw Stonegate Tercace Suite 109
 Lake City , FL 32024

Provider Number : 100167400
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.24	81.44	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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100739300 - 2019/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northwest Florida Healthcare	Provider Number : 100739300
	Date : 09/27/2019
5429 College Dr	Fiscal Year End : N/A
Graceville, FL 32440	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.47	81.68	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

101319900 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jeffrey A. Carameros PLLC
 Rainbow River Medical
 20312 Robinson Road
 Dunnellon, FL 34431

Provider Number : 101319900
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.43	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

101707000 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Chiefland
 2220 North Young Blvd
 Chiefland, FL 32626

Provider Number : 101707000
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.43	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

101707400 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Starke
 417 E Call St
 Starke, FL 32091

Provider Number : 101707400
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.43	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

102107400 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Breen Health, LLC	Provider Number : 102107400
	Date : 09/27/2019
11392 E. Highway 316	Fiscal Year End : N/A
Fort McCoy, FL 32134	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic		80.23	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Port Charlotte HMA Physician Management
 Bayfront Health Medical Group
 1012 N Mills Ave
 Arcadia, FL 34266

Provider Number : 102610200
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic		80.23	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

102625100 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Philip Colaizzo MD PA	Provider Number : 102625100
	Date : 09/27/2019
170 S Barfield Hwy STE 108	Fiscal Year End : N/A
Pahokee, FL 33476	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic		80.23	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

251469901 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Heartland Pediatrics of Lake Wales	Provider Number : 251469901
	Date : 09/27/2019
1354 State Road 60 East	Fiscal Year End : N/A
Lake Wales, Fl 33853	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.88	76.00	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Heartland Pediatrics of L. P	Provider Number : 253535101
	Date : 09/27/2019
344 East Royal Palm St, Ste 3	Fiscal Year End : N/A
Lake Placid, Fl 33852	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.87	75.99	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MJS Trust	Provider Number : 259715200
	Date : 09/27/2019
3750 US 27 North	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.44	81.64	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 259716100
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.62	77.77	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#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

Children's Medical Clinic	Provider Number : 370861601
	Date : 09/27/2019
1002 SW 11th Street	Fiscal Year End : N/A
Live Oak, FL 32064	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.69	75.81	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Center	Provider Number : 370861604
	Date : 09/27/2019
789 West Duval Street	Fiscal Year End : N/A
Lake City, FL 32055	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.69	75.81	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

372143401 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jack M. Matheny RHC	Provider Number : 372143401
	Date : 09/27/2019
205 Zeagler Drive, Suite #101	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.34	85.61	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

377682401 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sebring Pediatrics	Provider Number : 377682401
	Date : 09/27/2019
1550 Lakeview Dr.	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	80.05	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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<input type="checkbox"/> #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

377827401 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Shoreline Medical Group
419 Baltzell Avenue
Port St. Joe, FL 32456

Provider Number : 377827401
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.63	83.87	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

378772904 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Pediatric Center	Provider Number : 378772904
	Date : 09/27/2019
1447 Medical Park Blvd, Suite 402	Fiscal Year End : N/A
Wellington, FL 33414	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.22	81.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Heartland Pediatric Associates

7215 US Hwy 27 North

Sebring, FL 33870

Provider Number : 660018200

Date : 09/27/2019

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.35	80.54	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660018201 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatric Associates

120 Heartland Way
Wauchula, FL 338375000

Provider Number : 660018201
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.06	76.18	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Medical Center

14088 Alabama St

Jay, FL 32565

Provider Number : 660022100

Date : 09/27/2019

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	86.13	87.42	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Medical Ctr.-Deland	Provider Number : 660026300
	Date : 09/27/2019
1190 North Stone Street	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.50	86.78	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Comm. Medical Ctr.-Orange Cty.
810 Commed Boulevard
Orange City, FL 32763

Provider Number : 660026302
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.24	81.44	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Distribution:

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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Fl. Pediatrics RHC
 4316 Fifth Avenue
 Marianna, FL 32446

Provider Number : 660027100
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.34	85.61	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660039500
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.34	85.61	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660046800 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Richard A. Campbell RHC	Provider Number : 660046800
	Date : 09/27/2019
105 Tomoka Boulevard South	Fiscal Year End : N/A
Lake Placid, FL 33852	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.97	85.23	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660053100 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Children's Clinic	Provider Number : 660053100
	Date : 09/27/2019
1100 N. Main St	Fiscal Year End : N/A
Belle Glade, FL 33430	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.34	85.61	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660054900 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660054900
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.16	84.41	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

Distribution:

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660056500 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ahmad T. Ismail RHC	Provider Number : 660056500
	Date : 09/27/2019
110 E. Byrd Avenue	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.33	75.45	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660065400 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Meena Nathan Medical Center	Provider Number : 660065400
	Date : 09/27/2019
840 South Bea Ave	Fiscal Year End : N/A
Inverness, FL 34452	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.02	79.19	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660069700 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Family Rural Hlth Care	Provider Number : 660069700
	Date : 09/27/2019
2398 N. Beach Dr., Suite 100	Fiscal Year End : N/A
Avon Park, Fl 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.03	84.28	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Express Care of Belleview, Inc	Provider Number : 660070100
	Date : 09/27/2019
10762 S US Hwy 441	Fiscal Year End : N/A
Belleview, FL 34420	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.32	84.57	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Family Medical	Provider Number : 660071900
Nature Coast Family	Date : 09/27/2019
3400 N. Lecanto Hwy Suite A	Fiscal Year End : N/A
Beverly Hills, FL 34464	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.82	81.02	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660072700 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rajendra P. Bellam MD	Provider Number : 660072700
	Date : 09/27/2019
11707 N. Williams St Suite 3	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.51	82.73	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Charles S. Li MD	Provider Number : 660075100
	Date : 09/27/2019
7647 W. Gulf Lake Hwy	Fiscal Year End : N/A
Crystal River, Fl 34429	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.61	79.79	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Springs RHC	Provider Number : 660075101
	Date : 09/27/2019
10489 N. Fl Ave	Fiscal Year End : N/A
Citrus Springs, Fl 34434	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.61	79.79	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660076000 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660076000
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.53	83.77	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660087500
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.02	83.25	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

660089100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando Medical Center	Provider Number : 660089100
	Date : 09/27/2019
10489 N Florida Ave	Fiscal Year End : N/A
Citrus Springs, FL 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.96	82.17	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Pediatrics
 4880 N Hwy 19A
 Mt. Dora, FL 32757

Provider Number : 660103100
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.35	82.57	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Birth & Beyond P.A	Provider Number : 660121900
	Date : 09/27/2019
1326 SR 100	Fiscal Year End : N/A
Grandin, Fl 32138	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.35	82.57	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Meidcal Group (Sebring)

3420 US 27 North

Sebring, Fl 33870

Provider Number : 660129400

Date : 09/27/2019

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.14	83.37	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660132400 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Oak Hill Medical
185A North Rt. 1, PO Box 373
Oak Hill, FL 32759

Provider Number : 660132400
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.98	81.18	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660140500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D.	Provider Number : 660140500
	Date : 09/27/2019
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FL 32040	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.62	81.83	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Pediatrics, PA	Provider Number : 660141300
	Date : 09/27/2019
223 N. Main Street	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.84	81.04	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660142100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rajendra P. Bellam MD	Provider Number : 660142100
	Date : 09/27/2019
P.O. Box 69	Fiscal Year End : N/A
Inglis, Fl 34449	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	64.25	65.22	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

660147200 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Medical Ctr of Walton Co, PA	Provider Number : 660147200
	Date : 09/27/2019
21 West Main St	Fiscal Year End : N/A
DeFuniak Springs, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.55	85.82	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660151100
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.62	81.83	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Putnam Obstetrics & Gynecology, Inc.	Provider Number : 660162600
Putnam Obstetrics & Gynecology	Date : 09/27/2019
6061 St. Johns Ave, Ste A	Fiscal Year End : N/A
Palatka, FL 321776858	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.36	84.61	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660167700 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Southern Family Healthcare, PA	Provider Number : 660167700
	Date : 09/27/2019
P.O. Box 692	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.71	79.89	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660174000 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Center - Alachua	Provider Number : 660174000
Children's Medical Center - Alachua	Date : 09/27/2019
14681 N.W. Hwy 441	Fiscal Year End : N/A
Alachua, FL 32615	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.59	78.76	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660182100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660182100
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.90	81.09	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660183900
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.90	81.09	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660184700
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.90	81.09	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660187100
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.04	81.24	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Garcia Medical Clinic
 411 E. Nelson Avenue
 Defuniak Springs, FL 32433

Provider Number : 660200200
 Date : 09/27/2019
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.92	81.12	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660204500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Chiefland Medical Center	Provider Number : 660204500
	Date : 09/27/2019
1113 N. W. 23rd Ave	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.24	79.41	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660205300 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Medical Center LLC	Provider Number : 660205300
	Date : 09/27/2019
20454 N.E. Finley Ave	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.74	80.93	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Clark Clinic	Provider Number : 660209600
	Date : 09/27/2019
212 S. Florida St	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.69	80.89	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Afzal/Excel Pediatrics & Family Care	Provider Number : 660212600
	Date : 09/27/2019
265 Citrus Tower Blvd	Fiscal Year End : N/A
Clermont, FL 347111908	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.59	85.86	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660218500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dwight Peter Tiu/Acute Care Pediatrics	Provider Number : 660218500
	Date : 09/27/2019
1301 Reid St	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.69	80.89	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Medical Group, P.A.	Provider Number : 660219300
	Date : 09/27/2019
105 Tomoka Blvd South	Fiscal Year End : N/A
Lake Placid, FL 33852	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.69	80.89	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660230400 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Express Care of Leesburg	Provider Number : 660230400
	Date : 09/27/2019
2500 Citrus Blvd	Fiscal Year End : N/A
Leesburg, FL 34748	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.69	80.89	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660232100
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.74	74.85	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660233900 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jackson County Hospital	Provider Number : 660233900
	Date : 09/27/2019
4318 5th Avenue	Fiscal Year End : N/A
Marianna, FL 32446	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.64	80.84	10/01/2019
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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