

001182600 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Fo	undCare	e. Inc.				Pro	vider	Number :	001182600				
		,						0/04/2019					
233	30 S. Co	ngress A	ve.				Fiscal Year End : N/A						
			34067608			Aud	dit Sta	atus : N/A					
							0	1 D -1-	N B. (-	Effective Date			
Pro	vider T		la alub Olimia				Curr	ent Rate	New Rate	Effective Date			
			lealth Clinic										
	v		Bed Provider					126.07	120.02	10/01/2010			
	X		lly Qualified Health Centers					136.87	138.92	10/01/2019			
			e Provider										
			1 / H51 Routine Home Care (1-60)										
	#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care												
	#052 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA												
	#655 / H55 Inpatient Respite Care												
	#656 / H56 General Inpatient Care												
			9 Room and Board										
ſ	Ва	sis :	]	R	ate	Тур	e :	]					
•			Budget			Χ		Prospecti	ive				
-			Unaudited costs					Total Pro	spective				
-			Desk audited costs					Prospecti	ive Adjusted for	New costs			
-			Field audited costs					_					
-			Medicare - Prospective					Interim					
		Χ	Payment System Rate					Total Inte	erim				
-			Average Nursing Home Rate					Settleme	nt based on cos	ts			
_			Palm Beach					_					
	Distr	ibution:	l		V	V.Ry	dell S	Samuel, Ad	ministrator #	ζ			
Fiscal Agent			N	/ledic	caid C	ost Reimb	ursement Analy	sis					
	Contra	act Mana	gement										
	Perma	anent File	)										
	Progra	am Devel	opment:										
	-	For in	formation Only (No Change in rate)										



001182602 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>Medicaid Reimbursement Per Die</u>	em Rates for	NOn-	<u>institutionai</u>	<u>Providers</u>				
Fo	undCare, Ir	nc- N. Palm Beach		Provi	Provider Number : 001182602					
				Date	: 10/04/2019					
23	30 S Congr	ress Ave		Fisca	l Year End : N	I/A				
Pa	lm Springs,	, FI 33406		Audit	udit Status : N/A					
Pro	ovider Typ	e:		С	urrent Rate	New Rate	Effective Date			
	R	ural Health Clinic								
	S	wing-Bed Provider								
	X F	ederally Qualified Health Centers			136.87	138.92	10/01/2019			
	Н	ospice Provider								
		#651 / H51 Routine Home Care (1-60	)							
		#651a / H5L Routine Home Care (61	+)							
		#652 / H52 Continuous Home Care								
		#0551 / 0561 Continuous Home Care	e - SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
	Basis	:	Rate	Туре	:					
ָ י		Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	Х	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	ts			
•		Dade								
	Distribu	ution:	l	/.Rvde	ell Samuel, Ad	Iministrator #				
	Fiscal Agent					oursement Analys	sis			
	Contract	Management				ĺ				
	Permane	ent File								
	Program	Development:								
		For information Only (No Change in rate	·)							



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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 Keilliburseillent Fer Dien	i Nates IOI	I IVO	ii-iiistitutioi	iai i	FIOVILLEIS			
Fo	Foundcare Inc. West Palm Beach			Pro	Provider Number : 001182604					
				Dat	ate: 10/04/2019					
350	05 Shiloh Dr			Fisc	Fiscal Year End : N/A					
We	st Palm Beach	, FL 33407		Auc	dit Status : N	/A				
Pro	ovider Type:				Current Rat	e	New Rate	Effective Date		
	Rural	Health Clinic					,	,		
	Swin	g-Bed Provider								
	X Feder	rally Qualified Health Centers			136	.87	138.92	10/01/2019		
	Hosp	ice Provider								
	#6	651 / H51 Routine Home Care (1-60)								
	#6	651a / H5L Routine Home Care (61 +)								
	#6	652 / H52 Continuous Home Care								
	#(	0551 / 0561 Continuous Home Care -	SIA							
	#6	655 / H55 Inpatient Respite Care								
	#6	656 / H56 General Inpatient Care								
	#6	659 Room and Board								
ſ	Basis :		Rate	Тур	e :					
L		l Budget		X	l Prosp	ecti	ive			
-		Unaudited costs			Total	Pro	spective			
-		Desk audited costs			Prosp	ecti	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective			Interir	n				
	Х	Payment System Rate			Total	Inte	erim			
•		Average Nursing Home Rate			Settle	me	nt based on cost	S		
-		Palm Beach								
	Distribution			V.Rv	dell Samuel,	Ad	ministrator #	,		
	Fiscal Agent		_				ursement Analys	sis		
	Contract Mar	nagement					,			
	Permanent F	File								
	Program Dev	velopment:								
	For	information Only (No Change in rate)								



001182606 - 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 Die	em Rates for	NO	n-ins	titutionai	<u>Providers</u>			
Fo	undcare	, Inc We	est Palm Beach Greenwood		Pro	Provider Number : 001182606					
					Da	te : 10	0/04/2019				
520	05 Gree	nwood A	Avenue		Fis	cal Ye	ear End : N	I/A			
We	st Palm	Beach	, FL 33407		Au	dit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				136.87	138.92	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-60)	)							
		#6	51a / H5L Routine Home Care (61	+)							
		#6	52 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care - SI										
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	sis :		Rate	Тур	e :	7				
<b>י</b>			 Budget		Χ		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				- Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Palm Beach				_				
	Distr	ibution	<u>ı:</u>	<u> </u>	V.Rv	dell S	Samuel, Ad	ministrator #	?		
	Fiscal Agent		_				oursement Analy	sis			
	Contra	act Man	agement					<b>,</b>			
	Perma	anent Fi	le								
	Progra	am Dev	elopment:								
		For	information Only (No Change in rate	)							



001276200 - 2019/10

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

Tallahassee, Florida 32308

				<u>, , , , , , , , , , , , , , , , , , , </u>							
Tar	npa Family Hea	Ilth Centers, Inc. #20		Provider Number: 001276200							
				D	Date: 10/04/2019						
442	22 E. Columbus	Drive		Fiscal Year End : N/A							
Tar	mpa, FL 33604	3233		A	udit S	Status : N/A					
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				128.09	130.02	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :	7	Rate	e Ty	ype :						
<u></u>		Budget		Χ		 Prospect	ive				
-		Unaudited costs				— Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
_		Average Nursing Home Rate				Settleme	nt based on cost	ts			
_		Hillsborough									
	Distribution			W.F	Rvdel	I Samuel, Ad	ministrator #	~			
	Fiscal Agent		-				ursement Analy	sis			
	Contract Man	agement					,				
	Permanent Fi	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



001718300 - 2019/10

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

Tallahassee, Florida 32308

		Modrodia Rombardoment For Bio	m ratoo r	/1 14	<u> </u>	<u>otitutionai</u>	TO TIGOTO				
Hea	Heart of Florida Health Center, Inc.			Provider Number : 001718300							
				D	Date: 10/04/2019						
102	25 SW 1st Ave.			Fiscal Year End : N/A							
Oca	ala, FL 344710	900		Α	Audit Status : N/A						
Pro	vider Type:				Cur	rent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				124.72	126.59	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	e Ty	/pe :						
		 Budget		Χ		— Prospect	ive				
-		Unaudited costs				— Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs	-								
-		Medicare - Prospective	-			Interim					
	Χ	Payment System Rate				Total Inte	erim				
_		Average Nursing Home Rate				Settleme	nt based on cost	ts			
_		Marion				_					
	Distribution			W.F	Rvdell	Samuel, Ad	ministrator #	~			
	Fiscal Agent		-				ursement Analy	sis			
	Contract Mana	agement					·				
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



001718304 - 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

		-	Medicald Neillibursement Fer Die	em Nates ic	<u> </u>	011-1113	litutionari	FIOVILLEIS			
He	art of Fl	orida Hea	alth Center - Reddick		Pı	Provider Number : 001718304					
					D	ate: 10/04/2019					
10	25 SW 1	st Ave.			Fi	scal Ye	scal Year End : N/A				
Oc	ala, FL	3447109	00		Αı	udit Sta	itus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				124.72	126.59	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
		#65	1a / H5L Routine Home Care (61	+)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	<b>Т</b> у	pe:					
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Marion								
	Distr	ibution:		1	N.R	lydell S	amuel, Ad	ministrator #	?		
	Fiscal	Agent		_				ursement Analys	sis		
	Contr	act Mana	gement					,			
	Perma	anent File	e								
	Progr	am Deve	lopment:								



001718306 - 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

Не	Heart of Florida Health Center - Belleview			Pr	Provider Number : 001718306					
				Da	ate : 10/04/2019					
102	25 SW 1st Ave.			Fis	Fiscal Year End : N/A					
Ос	ala, FL 3447109	900		Au	udit Status : N/A					
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				124.72	126.59	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)					,			
	#6	51a / H5L Routine Home Care (61 +	·)							
	#6	52 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care - SIA									
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Ту	pe :	]				
,		Budget		Χ		Prospecti	ive			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs				=				
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Marion								
	Distribution		V	۷.R	ydell S	amuel, Ad	ministrator #	~		
	Fiscal Agent		_				ursement Analys	sis		
	Contract Mana	agement					,			
	Permanent Fil	le								
	Program Deve	elopment:								



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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

	-	modicala Rombarcomont For Di	<u> </u>	100 101 11	<u> </u>	iliai i	TOTIGOTO				
Не	Heart of Florida Health Center - Ocala East			Provider Number: 001718308							
Ма	rion County Hea	lth Department		Da	Date: 10/04/2019						
102	25 SW 1st Ave.			Fi	Fiscal Year End : N/A						
Ос	ala, FL 3447109	000		Αι	Audit Status : N/A						
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	Rural H	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	Ily Qualified Health Centers				124.72	126.59	10/01/2019			
	Hospic	e Provider									
	#65	1 / H51 Routine Home Care (1-60	)								
	#651a / H5L Routine Home Care (61										
	#65										
	#05	51 / 0561 Continuous Home Care	- SIA								
	#65	5 / H55 Inpatient Respite Care									
	#65	6 / H56 General Inpatient Care									
	#65	9 Room and Board									
ſ	Basis :	]		Rate Ty	pe:						
٠		Budget		Х		Prospect	ive				
-		Unaudited costs				Total Pro	spective				
•		Desk audited costs	<del>-</del>			Prospect	ive Adjusted for	New costs			
-		Field audited costs				-					
-		Medicare - Prospective	_			Interim					
	X	Payment System Rate				Total Inte	erim				
-		Average Nursing Home Rate				Settleme	nt based on cost	s			
-		 Marion				-					
	<u>Distribution:</u>		<u> </u>	W.R	vdell S	amuel, Ad	ministrator #	<u> </u>			
	Fiscal Agent						ursement Analys	sis			
	Contract Mana	gement				_	,				
	Permanent File	e									
	Program Deve	lopment:									



001718313 - 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

			Wedicaid Neillibursellielit Fer	Dieili Naies IO	1 140	11-11131	itutionai	FIOVILLEIS			
Не	eart of Florida Health Center				Provider Number : 001718313						
Ос	ala We	st Family	Medicine		Dat	Date: 10/04/2019					
102	25 SW	1st Ave			Fis	iscal Year End : N/A					
Ос	ala, FL	344710	900		Aud	dit Sta	tus : N/A				
Pro	vider <sup>-</sup>	Туре:				Curre	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				124.72	126.59	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-	60)							
		#6	51a / H5L Routine Home Care (6	61 +)							
		#6	52 / H52 Continuous Home Card	e							
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
ſ	Ва	asis :	7	Rate	Тур	e :	]				
٠			Budget		Χ		Prospect	ive			
-			Unaudited costs			Total Prospective					
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
-			Field audited costs				-				
-			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
_			Average Nursing Home Rate				Settleme	nt based on cost	s		
_			Marion								
	Dist	ribution	<u>.</u>	I	W.Rv	dell S	amuel. Ad	ministrator #	,		
	Fisca	al Agent		_				ursement Analys	sis		
Contract Management							-	,			
Permanent File											
	Program Development:										
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001718315 - 2019/10

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

Tallahassee, Florida 32308

He	Heart of Florida Health Center-17th St			Provider Number : 001718315							
				Date: 10/04/2019							
10	25 SW 1st Ave			Fiscal Year End : N/A							
Oc	ala, Fl 34471			Audit Status : N/A							
Pre	ovider Type:				Current Rate	New Rate	Effective Date				
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers			124.72	126.59	10/01/2019				
	Hospic	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (61 -	+)								
	#65	52 / H52 Continuous Home Care									
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :		Rate	Туре	e :						
·		 Budget		Х	——— Prospect	ive					
•		Unaudited costs			Total Pro	spective					
•		Desk audited costs			Prospect	ive Adjusted for	New costs				
•		Field audited costs									
•		Medicare - Prospective	-		Interim						
	X	Payment System Rate			Total Inte	erim					
		Average Nursing Home Rate			Settleme	nt based on cos	ts				
		Marion									
	Distribution	<u>.                                    </u>	<u> </u>	V.Ryc	dell Samuel, Ac	Iministrator	ζ				
	Fiscal Agent		_			oursement Analy	sis				
	Contract Mana	agement				•					
	Permanent Fil	e									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)	)								



001718319 - 2019/10

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

Tallahassee, Florida 32308

	•	modicala Rombarcomone i or bio	<u> </u>		ii iiiotitati	iona.	TO VIGOTO				
Heart of Florida Health Center 18th Street				Provider Number : 001718319							
				Dat	Date: 10/04/2019						
17	40 SE 18th St ST	ΓE 1201		Fiscal Year End : N/A							
Oc	ala, FL 34471			Aud	dit Status :	: N/A					
Pre	ovider Type:				Current F	Rate	New Rate	Effective Date			
	Rural I	Health Clinic									
	Swing-	-Bed Provider									
	X Federa	Illy Qualified Health Centers			1	24.72	126.59	10/01/2019			
	Hospic	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (61 +	-)								
	#65	52 / H52 Continuous Home Care									
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :	]	Rate	Тур	oe:						
·		□ Budget		X		specti	ive				
•		Unaudited costs			Tot	al Pro	spective				
•		Desk audited costs			Pro	specti	ive Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective			Inte	erim					
	X	Payment System Rate			Tot	al Inte	erim				
•		Average Nursing Home Rate			Set	ttleme	nt based on cos	ts			
•		 Marion									
	Distribution	<u> </u>		V.Rv	dell Samu	ıel. Ad	ministrator #	ζ			
	Fiscal Agent		_				ursement Analy	sis			
	Contract Mana	agement					ŕ				
	Permanent File	е									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



003407902 - 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

			Medicaid Neilliburseillelit Fer D	ieiii ivates it	I INC	<u> </u>	itutionai	FIOVILLEIS			
Со	mmunit	y AIDS R	tesource, Inc.		Pro	Provider Number : 003407902					
Ca	re Resc	urce			Da	Date: 10/04/2019					
35	10 Bisca	ayne Blvo	d, Ste 300		Fis	scal Year End : N/A					
Mia	ami, FL	33137			Au	dit Sta	tus : N/A				
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				150.66	152.92	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60	0)							
	#651a / H5L Routine Home Care (61 +)										
#652 / H52 Continuous Home Care											
		#05	551 / 0561 Continuous Home Car	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	ısis :	7	Rate	тур	oe :	]				
٠			Budget		Х		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs	-			_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade				_				
	Distr	ibution	· ·	1 ,	W.Rv	/dell S	amuel, Ad	ministrator #	·		
	Fisca	l Agent		_				ursement Analys	sis		
	Contr	act Mana	agement					, , , , , , , , , , , , , , , , , , ,			
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



Permanent File

Program Development:

\_ For information Only (No Change in rate)

# Florida Agency for Health Care Administration

003407905 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Community AIDS Resource	F	rovider Number : 003407905						
Comm Health Ctr @ Little Havana		Date : 10/0	4/2019					
3510 Biscayne Blvd., Suite 300	F	Fiscal Year End : N/A						
Miami, FL 33137	A	Audit Status : N/A						
Provider Type:		Curren	t Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers			150.66	152.92	10/01/2019			
Hospice Provider								
#651 / H51 Routine Home Care (1-60)								
#651a / H5L Routine Home Care (61 +)	)							
#652 / H52 Continuous Home Care								
#0551 / 0561 Continuous Home Care -	SIA							
#655 / H55 Inpatient Respite Care								
#656 / H56 General Inpatient Care								
#659 Room and Board								
Basis:	Rate T	ype :						
Budget	X	F	Prospecti	ve				
Unaudited costs			Total Pro	spective				
Desk audited costs		F	Prospecti	ve Adjusted for	New costs			
Field audited costs								
Medicare - Prospective		I	nterim					
X Payment System Rate			Γotal Inte	rim				
Average Nursing Home Rate			Settleme	nt based on cost	S			
Dade								
<u>Distribution:</u>	W.	Rydell Sar	muel, Ad	ministrator #				
Fiscal Agent				ursement Analys	sis			
Contract Management				•				



003407907 - 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

			Medicald Kellibursellient Fer L	neili Nates	IOI IV	<u>OII-IIISIIIUIIO</u>	ııaı	FIOVIUEIS			
Со	mmunity	/ AIDS R	Resource		Pı	Provider Number : 003407907					
Ca	re Reso	urce at C	Dakland Park		Da	ate: 10/04/2019					
35	10 Bisca	yne Blv	d Ste 300		Fi	iscal Year End : N/A					
Mia	ami, FL	33137			Αι	Audit Status : N/A					
Pro	ovider T	уре:				Current Ra	ite	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			15	0.66	152.92	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	0)							
	#651a / H5L Routine Home Care (61 +										
		#65	52 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care - S										
	#655 / H55 Inpatient Respite Care										
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	sis :	7	R	ate Ty	pe:					
,			Budget		Х	Pros	pect	ive			
•			Unaudited costs			Tota	Pro	spective			
•			Desk audited costs			Pros	pect	ive Adjusted for	New costs		
			Field audited costs								
•			Medicare - Prospective			Inter	im				
		X	Payment System Rate			Tota	Inte	erim			
•			Average Nursing Home Rate Broward			Settl	eme	nt based on cost	s		
	Distr	ibution	<u>:</u>		W.R	ydell Samue	I, Ad	ministrator			
	Fiscal	Agent			Med	licaid Cost R	eimb	ursement Analys	sis		
	Contra	act Mana	agement								
	Perma	anent Fil	e								
	Progra	am Deve	elopment:								



003407909 - 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 Dier					s tor N	on-Ins	<u>stitutional</u>	<u>Providers</u>			
Со	mmunity	y AIDS F	Resource		Р	Provider Number : 003407909					
Ca	re Reso	urce at I	Meridian Ave		D	Date: 10/04/2019					
35	10 Bisca	ayne Blv	d		Fi	Fiscal Year End : N/A					
Mia	ami, FL	33137			Α	Audit Status : N/A					
Pro	ovider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic					,			
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				150.66	152.92	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	60)							
	#651a / H5L Routine Home Care (61 +)										
	#652 / H52 Continuous Home Care										
		#0	551 / 0561 Continuous Home Ca	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	sis :	7	F	Rate Ty	pe :					
•			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Dade								
	<u>Distr</u>	ibution	<u>:</u>	<b>I</b>	W.F	Rydell S	Samuel, Ad	ministrator #	?		
Fiscal Agent			Med	dicaid (	Cost Reimb	ursement Analys					
	Contr	act Man	agement								
Permanent File											
	Program Development:										



003407911 - 2019/10

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

Tallahassee, Florida 32308

		modicala Komisal Comone For Dio	m ratoo r	<u> </u>	<u> </u>	<u>otitutionai</u>	TO TIGOTO			
Ca	re Resource Co	mmunity Health Centers		Provider Number : 003407911						
				Date: 10/04/2019						
168	30 Michigan Ave	enue		Fiscal Year End : N/A						
Mia	ami Beach, FL	33139		Α	udit St	tatus : N/A				
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				150.66	152.92	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	-)							
	#6	52 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care - SIA									
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	е Ту	/pe :					
L		 Budget		Χ		⊐ Prospect	ive			
-		Unaudited costs				— Total Pro	spective			
-		Desk audited costs				— Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				 Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	ts		
-		Broward								
	Distribution			W.F	Rydell	Samuel, Ad	ministrator #	2		
	Fiscal Agent						ursement Analy	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For	information Only (No Change in rate)								



003407915 - 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

		-	Medicaid Neillibui Seilleilt Fei Die	em ivales io	1 11	011-1115	itutionari	TOVILLEIS			
Ca	re Reso	urce Con	mmunity Health Centers Miami		Pı	Provider Number : 003407915					
					Da	ate : 10	/04/2019				
36	61 South	n Miami A	Ave # 702		Fi	Fiscal Year End : N/A					
Mi	ami, FL	33133			Αι	udit Status : N/A					
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				150.66	152.92	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)					,		
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care - SI										
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	Ту	pe:	]				
			Budget		Χ		Prospect	ve			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ve Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	S		
			Dade								
	Distr	ibution:	<u>.                                    </u>	Ι V	V.R	Rydell S	amuel, Ad	ministrator #	·		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	lopment:								



006608600 - 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

		<u> IVI</u>	edicaid Reimbursement Per Di	em Rates for	NON	<u>-institutionai</u>	<u>Providers</u>			
Ge	nesis Co	mmunity F	lealth		Provider Number : 006608600					
					Date	e: 10/04/2019				
56	4 E. Woo	lbright Roa	ad		Fisc	al Year End : N	I/A			
Во	ynton Be	ach, FL 3	34356033		Audit Status : N/A					
Pre	ovider Ty	pe:			(	Current Rate	New Rate	Effective Date		
		Rural Hea	alth Clinic				'			
		Swing-Be	ed Provider							
	X	Federally	Qualified Health Centers			136.87	138.92	10/01/2019		
		Hospice	Provider							
		#651	H51 Routine Home Care (1-60	)						
		#651a	/ H5L Routine Home Care (61	+)						
		H52 Continuous Home Care								
		#0551	/ 0561 Continuous Home Care	e - SIA						
		#655	H55 Inpatient Respite Care							
		#656	H56 General Inpatient Care							
		#659	Room and Board							
	Bas	is:		Rate	Туре	<b>:</b>				
'		E	Budget	;	X	Prospect	ive			
•			Jnaudited costs			Total Pro	spective			
•			Desk audited costs			Prospect	ive Adjusted for	New costs		
•		F	Field audited costs							
		N	Medicare - Prospective	-		Interim				
	X	F	Payment System Rate			Total Inte	erim			
·		A	Average Nursing Home Rate			Settleme	nt based on cost	ts		
		_	Palm Beach							
	Distril	oution:		I W	V.Ryc	lell Samuel, Ad	Iministrator	~		
	Fiscal A	Agent		_			oursement Analy			
	Contra	ct Manage	ement				ĺ			
	Perma	nent File								
	Progra	m Develop	oment:							



006608601 - 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 L	Diem Rates fo	r No	n-Inst	itutional	<u>Providers</u>			
Ge	nesis C	ommunit	y Health - Boca		Provider Number : 006608601						
					Da	ite : 10	/04/2019				
564	4 E. Wo	olbright F	Road		Fis	scal Ye	ar End : N	I/A			
Во	ynton, F	L 33435	6033		Audit Status : N/A						
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				136.87	138.92	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	60)							
		#65	1a / H5L Routine Home Care (6	1 +)							
		#05	551 / 0561 Continuous Home Ca	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	ısis :	7	Rate	тур	oe :	]				
'			Budget		Х		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
•			Palm Beach				-				
	Distr	ibution:	<u>.</u>		۷.R۱	vdell S	amuel. Ad	ministrator	,		
	Fisca	l Agent		_				ursement Analys			
	Contr	act Mana	agement				-	,			
	Perm	anent File	е								
	Progr	am Deve	lopment:								



006608603 - 2019/10

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

Tallahassee, Florida 32308

		modical a Normal Comon Tor Dio	m ratoo r	<u> </u>	<u> </u>	<u> </u>	110114010			
Ge	nesis Communi	ty Health Inc Delray		Provider Number : 006608603						
				D	ate : 1	0/04/2019				
564	4 E Woolbright F	Road		Fiscal Year End : N/A						
Bo	ynton Beach, FL	_ 334356033		Audit Status : N/A						
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				136.87	138.92	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	-)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :	7	Rat	е Ту	pe :	7				
L		 Budget		Χ		⊐ Prospect	ive			
-		Unaudited costs				– Total Pro	spective			
-		Desk audited costs				– Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				 Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	s		
-		Palm Beach				_				
	Distribution	<u></u> 1		W.R	Rydell	Samuel, Ad	ministrator #	?		
	Fiscal Agent		•	Med	dicaid (	Cost Reimb	oursement Analys	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For	information Only (No Change in rate)								



006608605 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Kollingal Colligit For Dio	m ratoo i	<u> </u>	1011 11	iotitutionai	110110010			
Ge	nesis Communi	ty Health-6th St		Provider Number : 006608605						
				Date: 10/04/2019						
262	23 S Seacrest B	lvd		F	iscal	Year End : N	I/A			
Bo	ynton Beach, Fl	33435		Δ	Audit Status : N/A					
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				136.87	138.92	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :	7	Rat	e T	ype :	$\neg$				
<u></u>		 Budget		X		— Prospect	ive			
-		Unaudited costs				— Total Pro	spective			
-		Desk audited costs				— Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	s		
-		Palm Beach								
	Distribution			W.F	Rydell	Samuel, Ad	Iministrator #	~		
	Fiscal Agent						oursement Analys	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For	information Only (No Change in rate)								



006608607 - 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

		-	Medicaid Neilliburseilleilt Fer Die	em Nates 10	1 140	011-1115	itutionari	TOVIUEIS			
Ge	enesis C	ommunit	y Health-Boynton Beach		Provider Number : 006608607						
					Da	Pate: 10/04/2019					
26	23 S Se	acrest Bl	vd Suite 112		Fis	scal Ye	ar End : N	/A			
Во	ynton Be	each , FL	. 33435		Αι	Audit Status : N/A					
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				136.87	138.92	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care -										
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	Ту	pe :	]				
'			Budget		Χ		Prospecti	ve			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospecti	ve Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Palm Beach				_				
	Distr	ibution:		l\	V.R	vdell S	amuel. Ad	ministrator #	,		
	Fiscal	Agent		_				ursement Analys	 sis		
	Contra	act Mana	agement	•							
	Perma	anent File	9								
	Progra	am Deve	lopment:								



006608610 - 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

		-	Medicald Kellibursellielit Fer Die	ili ivales io	1 14	011-1113	litutionari	TOVIUEIS		
Ge	enesis Co	ommunity	y Health Delray		Provider Number : 006608610					
					Da	ate : 10	/04/2019			
16	158 Sou	th Militar	y Trail		Fi	iscal Year End : N/A				
De	Iray Bea	ich, FL 3	3484		Αι	udit Sta	itus : N/A			
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural F	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				136.87	138.92	10/01/2019	
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)						,	
		#65	1a / H5L Routine Home Care (61 -	+)						
		#65	2 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care - S									
		5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :		Rate	Ту	pe:	]			
'			Budget		Χ		Prospecti	ve		
			Unaudited costs				Total Pro	spective		
			Desk audited costs	_			Prospecti	ve Adjusted for	New costs	
			Field audited costs				_			
			Medicare - Prospective				Interim			
		Χ	Payment System Rate				Total Inte	rim		
			Average Nursing Home Rate				Settleme	nt based on cost	s	
			Palm Beach				-			
	Distr	ibution:		l\	V.R	vdell S	amuel. Ad	ministrator #	,	
	Fiscal	Agent		_				ursement Analys	 sis	
	Contra	act Mana	gement	•						
	Perma	anent File	e							
	Progra	am Deve	lopment:							



008037100 - 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

	Medicald Neillibursement Fer D	rieiii ivales i	<u> </u>	<u> </u>	I FIOVILLEIS		
Health Care Distri	ealth Care District of Palm Beach County			ovider Number : 008037100			
HCD Lantana Prir	mary Care Clinic		Da	te: 10/04/2019			
1250 Southwinds	Drive		Fis	scal Year End :	N/A		
_antana, FL 3346	621459		Au	ıdit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date	
Rura	Health Clinic				<u> </u>		
Swin	g-Bed Provider						
X Fede	rally Qualified Health Centers			136.8	7 138.92	10/01/2019	
Hosp	ice Provider						
#(	651 / H51 Routine Home Care (1-6	0)					
#(	651a / H5L Routine Home Care (61	l +)					
#(	#652 / H52 Continuous Home Care						
#(	0551 / 0561 Continuous Home Car	re - SIA					
#(	#655 / H55 Inpatient Respite Care						
#(	656 / H56 General Inpatient Care						
#(	659 Room and Board						
Basis :		Rat	е Туן	pe:			
	Budget		Х	Prospe	ctive		
	Unaudited costs			Total P	rospective		
	Desk audited costs			Prospe	ctive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total In	terim		
	Average Nursing Home Rate			Settlem	ent based on cos	ts	
	Palm Beach						
<u>Distributio</u>	<u>n:</u>		W.R	ydell Samuel, A	Administrator #		
Fiscal Agent					nbursement Analy	sis	
Contract Ma	nagement				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Permanent F	- ile						
Program Dev	velopment:						



008037102 - 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

Palm Springs, FL 334613133	Audit Status : N/A
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
HCD West Palm Beach Primary Care Clinic	Date: 10/04/2019
Health Care District of Palm Beach County	Provider Number: 008037102

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	136.87	138.92	10/01/2019
	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)			,
	#651a / H5L Routine Home Care (61 +)			
	#652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#655 / H55 Inpatient Respite Care			
	#656 / H56 General Inpatient Care			
	#659 Room and Board			

Basis:		Rate Type :	]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		- Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	– Palm Beach		-

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

 $W. Rydell \ Samuel, \ Administrator$ 

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Medicaid Cost Reimbursement Analysis



Permanent File

Program Development:

\_ For information Only (No Change in rate)

# Florida Agency for Health Care Administration

008037104 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Health Care District of Palm Beach County		rovider Number : 008037104					
HCD Belle Gla	de Primary Care Clinic	D	Pate: 10/04/2019				
2601 10th Ave	nue North, Suite 100	Fi	scal Year End : N	I/A			
Palm Springs,	FL 334613133	A	Audit Status : N/A				
Provider Type	<b>2</b> :		<b>Current Rate</b>	New Rate	Effective Date		
Ru	ıral Health Clinic						
Sv	ving-Bed Provider						
X Fe	ederally Qualified Health Centers		136.87	138.92	10/01/201		
Н	ospice Provider						
	#651 / H51 Routine Home Care (1-60)						
	#651a / H5L Routine Home Care (61 +)						
	#652 / H52 Continuous Home Care						
	#0551 / 0561 Continuous Home Care -	SIA					
	#655 / H55 Inpatient Respite Care						
	#656 / H56 General Inpatient Care						
	#659 Room and Board						
Basis	:	Rate Ty	pe:				
	Budget	X	Prospect	ive			
	Unaudited costs		Total Pro	spective			
-	Desk audited costs		Prospect	ive Adjusted for	New costs		
-	Field audited costs						
-	Medicare - Prospective		Interim				
Х	Payment System Rate		Total Inte	erim			
	Average Nursing Home Rate		Settleme	nt based on cost	ts		
	Palm Beach						
<u>Distribu</u>	tion:	W.R	Rydell Samuel, Ad	ministrator #			
Fiscal Ag			licaid Cost Reimb		sis		
Contract	Management						



008037106 - 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

Provider Type:	Current Rate New Rate Effective Date
Palm Springs, FL 334613133	Audit Status : N/A
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
HCD Delray Primary Care Clinic	Date: 10/04/2019
Health Care District of Palm Beach County	Provider Number : 008037106

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	136.87	138.92	10/01/2019
	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)			
	#651a / H5L Routine Home Care (61 +)			
	#652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#655 / H55 Inpatient Respite Care			
	#656 / H56 General Inpatient Care			
	#659 Room and Board			

Basis :	]	Rate Type :	]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		- Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Palm Beach		-

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate

 $W. Rydell \ Samuel, \ Administrator$ 

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Medicaid Cost Reimbursement Analysis



008037108 - 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

			edicaid Neillibursellient Fer D	<u> Jieiii ixa</u>	ies ioi	INO	ni-institutionai	FIOVIUEIS			
Dis	trict Clinic	c Holding	s, Inc			Pro	ovider Number : 008037108				
СL	Brumba	ck Primar	y Care Clinic			Da	te: 10/04/2019				
260	01 10th A	ve N Ste	100			Fis	cal Year End : N	I/A			
Pa	m Spring	s, FL 33	461			Au	dit Status : N/A	t Status : N/A			
Pro	ovider Ty	pe:					Current Rate	New Rate	Effective Date		
		Rural He	alth Clinic								
	;	Swing-B	ed Provider								
	X	Federally	Qualified Health Centers				136.87	138.92	10/01/2019		
		Hospice	Provider								
		#651	/ H51 Routine Home Care (1-6	60)							
		#651	a / H5L Routine Home Care (61	1 +)							
		#652	/ H52 Continuous Home Care								
		#055 <sup>-</sup>	1 / 0561 Continuous Home Car	re - SIA							
		#655	/ H55 Inpatient Respite Care								
		#656	/ H56 General Inpatient Care								
		#659	Room and Board								
	Basi	is:		T	Rate	Тур	pe:				
•			Budget			Χ	Prospect	ive			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs								
-			Medicare - Prospective				Interim				
	X		Payment System Rate				Total Inte	erim			
_			Average Nursing Home Rate Palm Beach				Settleme	nt based on cost	S		
	Distrib	oution:			V	V.Ry	/dell Samuel, Ac	Iministrator #			
	Fiscal A	Agent			N	1edi	caid Cost Reimb	oursement Analys	sis		
	Contrac	ct Manag	ement								
	Permar	nent File									
	Prograr	m Develo	pment:								



008037110 - 2019/10

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

Tallahassee, Florida 32308

Dis	District Clinic Holding			Provider Number : 008037110					
	Date: 10/04/2019								
260	01 10th Ave N			Fiscal Year End : N/A					
Pal	m Springs, FL	33461		Audit Status : N/A					
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	X Feder	rally Qualified Health Centers				136.87	138.92	10/01/2019	
	Hosp	ice Provider							
	#6	651 / H51 Routine Home Care (1-60)					,		
	#6	651a / H5L Routine Home Care (61 +	-)						
	#6	652 / H52 Continuous Home Care							
	#0	0551 / 0561 Continuous Home Care	- SIA						
	#6	655 / H55 Inpatient Respite Care							
	#6	656 / H56 General Inpatient Care							
#659 Room and Board									
	Basis :		Rate	ту	/pe :	7			
<b>ַ</b>		Budget		Χ		 Prospect	ive		
-		Unaudited costs				_ Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
-		Field audited costs				_			
-		Medicare - Prospective				 Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cos	ts	
		Palm Beach				_			
	Distribution	l <u>n:</u>	,	N.R	Rydell	Samuel, Ad	ministrator #	ζ	
Fiscal Agent		-	Medicaid Cost Reimbursement Analysis						
	Contract Mar	nagement					·		
	Permanent F	File							
	Program Dev	velopment:							
	For	information Only (No Change in rate)							



008037112 - 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

		-	Medicaid Reimbursement Per D	iem R	ates for r	von-in	stitutionai	<u>Providers</u>			
District Clinic Holdings Inc				Provider Number: 008037112							
C.L	C.L. Brumback Primary Care Clinics					Date: 10/04/2019					
260	2601 10th Ave N Ste 100 West Palm Beach, Fl 33461					iscal Y	ear End : N	I/A			
We						Audit St	tatus : N/A				
Pro	Provider Type:					Cur	rent Rate	New Rate	Effective Date		
		Rural H	Health Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				136.87	138.92	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-6	0)							
		#65	i1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	e - SIA	4						
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
[	Ва	sis :	]		Rate T	ype :					
٠			Budget	-	Х		Prospect	ive			
-			Unaudited costs	-			Total Pro	spective			
-			Desk audited costs	-			Prospect	ive Adjusted for	New costs		
-			Field audited costs	-							
-			Medicare - Prospective	-			Interim				
		X Payment System Rate				Total Interim					
-			Average Nursing Home Rate	-			Settleme	nt based on cost	is		
-			Palm Beach				_				
	Distr	<u>ibution:</u>	<u>.</u>		W.I	Rydell	Samuel, Ac	Iministrator	~		
	Fiscal Agent				Medicaid Cost Reimbursement Analysis						
	Contr	act Mana	agement					,			
	Perm	anent File	е								
	Progr	am Deve	elopment:								



008037114 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Kollingal Colligit For Dio	m ratoo i	<u> </u>		montationar	10110010				
District Clinic Holdings-State Rd 80				Provider Number : 008037114							
				ı	Date	Date: 10/04/2019					
260	01 10th Ave Nor	rth	ı	Fisca	al Year End : N	I/A					
Palm Springs, FI 33461						Status : N/A					
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				136.87	138.92	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	-)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Ra	te T	уре	:					
<b>ַ</b>		Budget	L	Х	(	Prospect	ive				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
-		Average Nursing Home Rate				Settleme	nt based on cost	ts			
-		Palm Beach									
	Distribution			W.	.Ryde	ell Samuel, Ad	ministrator #	~			
Fiscal Agent			Medicaid Cost Reimbursement Analysis								
	Contract Man	agement					·				
	Permanent Fi	le									
	Program Dev	elopment:									
	For	information Only (No Change in rate)									



008037118 - 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

	Medicald Neillibursement Fer D	ieiii ivales ioi	INU	ii-iiisiitutioiiai	FIOVIUEIS				
District Clinic Holdings-10th ave				ovider Number : 008037118					
CL Brumba	ck Primary Care Clinics	te: 10/04/2019							
2601 10th	Ave North	cal Year End : N	I/A						
Palm Sprin	gs, FI 33461		Au	dit Status : N/A					
Provider T	ype:			Current Rate	New Rate	Effective Date			
	Rural Health Clinic				1				
	Swing-Bed Provider								
Х	Federally Qualified Health Centers			136.87	138.92	10/01/2019			
	Hospice Provider								
	#651 / H51 Routine Home Care (1-60	0)							
	#651a / H5L Routine Home Care (61	+)							
	#652 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Car	e - SIA							
	#655 / H55 Inpatient Respite Care								
	#656 / H56 General Inpatient Care								
	#659 Room and Board								
Bas	sis:	Rate	Тур	pe:					
	Budget		Χ	Prospect	ive				
	Unaudited costs			Total Prospective					
	Desk audited costs			Prospect	Prospective Adjusted for New costs				
	Field audited costs								
	Medicare - Prospective			Interim					
]	X Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	s			
	Palm Beach								
Distri	ibution:	_Iv	V.Rv	rdell Samuel Ad	ministrator #				
	Fiscal Agent			W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Contra	act Management	1.4			and some state of the state of	<del></del>			
Perma	anent File								
Progra	am Development:								



008037123 - 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

		-	Medicald Neillibursement Fer Di	em ivales id	<u>// I\</u>	1011-111	Stitutional	FIOVIUCIS			
District Clinic Holdings					Р	Provider Number : 008037123					
	Da					)ate : 1	te: 10/04/2019				
23	123 Stat	e Road 7	7, Suite 108-11		F	iscal Y	ear End : N	I/A			
Во	ca Ratoi	n, FL 33	428		Audit Status : N/A						
Pr	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				136.87	138.92	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)							
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rate	e Ty	ype :					
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospective Adjusted for New cos		New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Palm Beach								
	Distr	ibution:		,	W.F	Rydell	Samuel, Ad	ministrator #	~		
	Fiscal	Agent		-				oursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	e								
	Progra	am Deve	lopment:								



008037124 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Nominationality of Dio	m ratoo i	<u> </u>	1011	<u> </u>	10110010				
Dis	trict Clinic Holdi	ings Inc		Provider Number : 008037124							
					Date	Date: 10/04/2019					
41	1 West Indiantov	wn Rd	F	Fisca	I Year End : N	I/A					
Jupiter, FL 33458						Status : N/A					
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	<sub>J</sub> -Bed Provider									
	X Federa	ally Qualified Health Centers				136.87	138.92	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	-)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rat	e T	уре	:					
١.		Budget		X	,	Prospect	ive				
-		Unaudited costs				 Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
•		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Palm Beach									
	Distribution	<u>ı:</u>		W.	Ryde	ell Samuel, Ad	ministrator #	?			
Fiscal Agent				Medicaid Cost Reimbursement Analysis							
	Contract Man	agement					·				
	Permanent Fi	ile									
	Program Dev	elopment:									
	For	information Only (No Change in rate)									



010739700 - 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**

		•	Medicaid Reimbursement Per D	nem Rates	TOT NO	on-inst	<u>itutionai i</u>	<u>Providers</u>			
Empower U Inc					Provider Number: 010739700						
@	@ Northside Shopping center 7900 NW 27th Ave, Ste 234B				Da	Date: 10/04/2019					
790					Fis	scal Ye	ar End : N	I/A			
Mia	ami, FL	909		Au	ıdit Sta	tus : N/A					
Pro	Provider Type:					Curre	nt Rate	New Rate	Effective Date		
		Rural H	Health Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				144.92	147.10	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-6	0)				,			
		#65	61a / H5L Routine Home Care (61	l <b>+</b> )							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Ва	sis :	]	Ra	te Ty	pe :					
٠			Budget		Х		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				•				
•			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate  Dade				Settleme	nt based on cost	s		
	Distr	ibution	<u>:</u>		W.R	ydell Sa	amuel, Ad	ministrator	~		
	Fiscal Agent				Medicaid Cost Reimbursement Analysis						
		act Mana									
	Perma	anent Fil	e								
	Progr	am Deve	elopment:								



010762301 - 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

			Medicaid Neillibur Sellielit Per	Dieili Nates 10	INO	11-1115	itutionai	FIOVIUEIS			
Со	mmunit	ty Health	of South Florida		Provider Number: 010762301						
Tav	ernier/				Date: 10/04/2019						
103	300 SW	/ 2016th	Street		Fiscal Year End : N/A						
Mia	ami, FL	331901	003		Aud	dit Sta	tus : N/A				
Pro	vider <sup>*</sup>	Туре:				Curre	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-	60)							
		#6	51a / H5L Routine Home Care (6	61 +)							
		•									
		#0	551 / 0561 Continuous Home Ca	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
ſ	Ва	asis :	7	Rate	Тур	e :	]				
•			Budget		Χ		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
_			Field audited costs				_				
-			Medicare - Prospective				Interim				
_		Χ	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate  Monroe				Settleme	nt based on cost	s		
	<u>Dist</u>	<u>ribution</u>	<u>:</u>	V	N.Ry	dell S	amuel, Ad	ministrator #	2		
		al Agent		<u> </u>	Medio	caid C	ost Reimb	ursement Analys	sis		
			agement								
	Perm	nanent Fi	le								
Program Development:											



010762353 - 2019/10

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

Tallahassee, Florida 32308

		Modrodia Rombardomont For Bio	mi ratoo i	٠.	110		tational	110110010			
Co	mmunity Health	of South Florida		Provider Number : 010762353							
					Dat	te:10/	04/2019				
103	300 SW 216th S	treet			Fisc	cal Ye	ar End : N	I/A			
Mia	nmi, FL 33190				Audit Status : N/A						
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date		
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers					154.97	157.29	10/01/2019		
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rat	te	Тур	e :					
<u></u>		Budget		2	X		Prospect	ive			
-		Unaudited costs					Total Pro	spective			
-		Desk audited costs					Prospect	ive Adjusted for	New costs		
-		Field audited costs									
-		Medicare - Prospective					Interim				
	Χ	Payment System Rate					Total Inte	erim			
_		Average Nursing Home Rate					Settleme	nt based on cos	ts		
_		Dade									
	Distribution			W	/.Ry	dell Sa	amuel, Ad	ministrator #	ζ		
	Fiscal Agent			_				oursement Analy	sis		
	Contract Man	agement									
	Permanent Fi	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



010930500 - 2019/10

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

Tallahassee, Florida 32308

		Medicald Kellibursellient Fer Dien	ii ivales ioi iv	1011-1113	iitutionai	FIOVIU <del>CIS</del>			
Cent	er for Family &	Child Enrichment, Inc.	Provider Number : 010930500						
			D	ate : 10	/04/2019				
1825	NW 167th Str	eet, Suite 102	F	iscal Ye	ear End : N	I/A			
Mian	ni Gardens, FL	330564838	A	udit Sta	itus : N/A				
Prov	ider Type:			Curre	ent Rate	New Rate	Effective Date		
	Rural I	lealth Clinic							
	Swing-	-Bed Provider							
	X Federa	Illy Qualified Health Centers			145.84	148.03	10/01/2019		
	Hospic	ce Provider							
	#65	51 / H51 Routine Home Care (1-60)							
	#65	51a / H5L Routine Home Care (61 +)							
	#65	52 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care -	SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	59 Room and Board							
Γ	Basis :	7	Rate Ty	/pe :	1				
_		□ Budget	X		」 Prospect	ive			
_		Unaudited costs			- Total Pro	spective			
_		Desk audited costs			- Prospect	ive Adjusted for	New costs		
_		Field audited costs			_				
_		Medicare - Prospective			- Interim				
	Χ	Payment System Rate			- Total Inte	erim			
		Average Nursing Home Rate			- Settleme	nt based on cost	s		
		Dade			-				
	Distribution	<u> </u>	W.F	Rydell S	amuel, Ad	ministrator #	<u> </u>		
	Fiscal Agent					ursement Analys	sis		
	Contract Mana	agement				,			
	Permanent Fil	е							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)							



010946400 - 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

<u>Medicaid Reimbursement Per Die</u>				nem Ra	tes for N	on-ins	titutionai	<u>Providers</u>			
FL	DOH U	nion Cou	inty		Provider Number : 010946400						
Ne	w River	Commu	nity Health Care		D	ate : 10	)/04/2019				
49	5 East N	/lain Stre	et		Fi	scal Ye	ear End : N	/A			
Lal	ce Butle	r, FL 32	0541731		Audit Status : N/A						
Pro	vider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				110.60	112.26	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	0)							
		#65	51a / H5L Routine Home Care (61	l +)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Ва	sis :	7		Rate Ty	pe:	1				
٠			Budget	_	Х		Prospect	ve			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs	-			- Prospect	ve Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	rim			
-			Average Nursing Home Rate Union				Settleme	nt based on cost	s		
	<u>Distr</u>	<u>ibution</u>	<u>.</u>		W.R	ydell S	amuel, Ad	ministrator /			
	Fisca	l Agent			Med	licaid C	ost Reimb	ursement Analys	sis		
	Contr	act Mana	agement								
	Perm	anent Fil	e								
	Progr	am Deve	elopment:								



010946402 - 2019/10

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Tallahassee, Florida 32308

			Medicald Neillibursement Fer Die	em Nates IOI	INOII-III	Stitutional	FIOVIUCIS				
FII	OOH Ur	ion Cou	nty- Temple		Provider Number : 010946402						
					Date : '	10/04/2019					
180	01 N Te	mple Ave	9		Fiscal `	Year End : N	I/A				
Sta	rke, FL	320911	960		Audit Status : N/A						
Pro	ovider T	уре:			Cur	rent Rate	New Rate	Effective Date			
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	Χ	Federa	Illy Qualified Health Centers			110.60	112.26	10/01/2019			
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60)	)							
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
ſ	Ва	sis :	7	Rate 1	Гуре :						
			□ Budget	\ \X	(	— Prospect	ive				
•			Unaudited costs			Total Pro	spective				
-			Desk audited costs			Prospect	ive Adjusted for	New costs			
-			Field audited costs								
-			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
•			Average Nursing Home Rate			Settleme	nt based on cost	ts			
			Bradford			<u> </u>					
	Distr	ibution	· ·	lW	.Rvdell	Samuel, Ad	ministrator Tr	?			
	Fisca	l Agent					oursement Analys	sis			
	Contr	act Mana	agement				,				
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								
		For i	nformation Only (No Change in rate	)							



013881900 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicaid Neilliburseilleilt Per	Dieili Nates IU	1 140	<u> </u>	iitutionai	I I O V I U CI S			
Ва	nyan Co	mmunity	Health Center Inc-Coral Gables		Pr	ovider	Number :	013881900			
					Da	ate : 10	)/04/2019				
610	00 Blue	Lagoon I	Dr Ste 400		Fis	scal Ye	ear End : N	I/A			
Mia	ami, FL	3312620	080		Audit Status : N/A						
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				143.74	145.90	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-	60)							
		#65	11a / H5L Routine Home Care (6	61 +)							
		#65	52 / H52 Continuous Home Care	)							
		#05	551 / 0561 Continuous Home Ca	are - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rate	Ту	pe:					
•			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim -				
		Х	Payment System Rate				Total Inte				
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distr	ibution:	<u>.</u>		۷.R <sup>۰</sup>	ydell S	Samuel, Ad	ministrator	*		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					·			
	Perma	anent File	е								
	Progra	am Deve	elopment:								



Program Development:

\_ For information Only (No Change in rate)

# Florida Agency for Health Care Administration

013881902 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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	modical Rollingar compiler or Bio		on momanona.	<u> </u>			
Banyan Com	munity Health Center #2	P	Provider Number : 013881902				
Banyan Heal	th Systems, Inc	D	ate: 10/04/2019				
6100 Blue La	goon Dr Suite 400	Fi	iscal Year End : N	J/A			
Miami, FL 33	31262080	Α	udit Status : N/A				
Provider Typ	De:		Current Rate	New Rate	Effective Date		
F	Rural Health Clinic						
8	Swing-Bed Provider						
X F	Federally Qualified Health Centers		143.74	145.90	10/01/201		
H	lospice Provider						
	#651 / H51 Routine Home Care (1-60)						
	#651a / H5L Routine Home Care (61 +	)					
	#652 / H52 Continuous Home Care						
	#0551 / 0561 Continuous Home Care	- SIA					
	#655 / H55 Inpatient Respite Care						
	#656 / H56 General Inpatient Care						
	#659 Room and Board						
Basis	s:	Rate Ty	rpe :				
	Budget	X	Prospect	ive			
	Unaudited costs		Total Pro	spective			
	Desk audited costs		Prospect	ive Adjusted for	New costs		
	Field audited costs						
	Medicare - Prospective		Interim				
X	Payment System Rate		Total Inte	erim			
	Average Nursing Home Rate		Settleme	nt based on cost	ts		
	 Dade						
Distrib	 ution:	WF	Rydell Samuel, Ad	Iministrator #	~		
Fiscal A			dicaid Cost Reimb		sis		
	t Management	IVIC		aroomont Analy.	0.0		
Perman							



013881906 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		Modical Comparodinon 1 of Dio	m ratoo i	<u>.</u>	1101	- montanona	110110010			
Bar	nyan Communit	y Health Center-Miami		Provider Number : 013881906						
					Date	e: 10/04/2019				
10	NW 42nd Avenu	ue			Fisc	al Year End : N	I/A			
Mia	ımi, FL 33126			Audit Status : N/A						
Pro	vider Type:					Current Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				143.74	145.90	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	te 1	Туре	e :				
		Budget	<u> </u>	>	X	Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
_		Field audited costs								
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Dade	<u> </u>							
	Distribution			W	 /.Ryc	dell Samuel, Ac	Iministrator #	?		
	Fiscal Agent			M	edic	aid Cost Reimb	oursement Analy	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



013881908 - 2019/10

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Tallahassee, Florida 32308

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

			Medicald Neillibursement Fer D	ieiii ivates it	<i>)</i>	<u>//  -                                   </u>	itutionai	FIOVIUEIS			
Ва	nyan Co	ommunity	Health Center Cutler Bay		Provider Number: 013881908						
					Da	te : 10	/04/2019				
10	720 Car	ribbean I	Blvd		Fis	cal Ye	ear End : N	I/A			
Cu	tler Bay	, FL 331	86		Audit Status : N/A						
Pro	ovider 1	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	lealth Clinic								
		Swing	Bed Provider								
	Χ	Federa	Illy Qualified Health Centers				143.74	145.90	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60	0)					,		
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis:	7	Rate	э Тур	oe :					
٠			Budget		Χ		Prospect	ive			
•			Unaudited costs	-			Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade				_				
	Distr	ibution	<u>.</u>		W.R	dell S	amuel, Ad	ministrator #	<u> </u>		
	Fisca	l Agent		-				oursement Analys	sis		
	Contr	act Mana	agement					•			
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



014789100 - 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

		-	Medicaid Neillibursement Fer Di	em Nates n	<u> </u>	NOI1-III	Stitutional	<u>FIOVIUEIS</u>	
Le	e Memo	rial Healt	h System		Р	Provide	er Number :	014789100	
					С	Date:	10/04/2019		
16	451 Hea	ılthpark C	Commons Dr Ste 200		F	iscal `	Year End : N	I/A	
Ft.	Myers,	FI 33908	3		A	Audit S	tatus : N/A		
Pr	ovider 1	уре:				Cui	rent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	Ily Qualified Health Centers				113.37	115.07	10/01/2019
		Hospic	e Provider						
		#65	i1 / H51 Routine Home Care (1-60	)					
		#65	11a / H5L Routine Home Care (61	+)					
		#65	2 / H52 Continuous Home Care						
		e - SIA							
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :	7	Rat	e T	ype :			
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs						
			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Lee						
	Distr	<u>ibution:</u>	<u> </u>	<u> </u>	W.F	Rydell	Samuel, Ad	ministrator #	~
	Fisca	l Agent						oursement Analys	sis
	Contr	act Mana	agement					,	
	Perm	anent File	е						
	Progr	am Deve	lopment:						



014789102 - 2019/10

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

Tallahassee, Florida 32308

			Medicald Neillibursement Fer Diei	II Nates 10	INC	<u>/11-1113</u>	litutionari	FIOVIUEIS			
Lee	e Memo	rial HIth	System- Cape Coral		Provider Number : 014789102						
					Da	te : 10	0/04/2019				
P.C	). Box 2	147			Fis	cal Ye	ear End : N	I/A			
Fo	t Myers	, FI 339	02		Audit Status : N/A						
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic					,			
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61 +)	)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care -	SIA							
			55 / H55 Inpatient Respite Care								
			56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	sis :		Rate	Тур	oe :	7				
ָ 			Budget	<u> </u>	Х		⊐ Prospect	ive			
-			Unaudited costs	-			– Total Pro	spective			
•			Desk audited costs				- Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cos	ts		
			Lee				_				
	Distr	ibution		V	W.Ry	/dell S	Samuel, Ad	ministrator #	?		
	Fiscal	Agent		<u> </u>	Леdi	caid C	Cost Reimb	ursement Analy	sis		
	Contra	act Mana	agement								
	Perma	anent Fil	е								
	Progra	am Deve	elopment:								
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014789104 - 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

		-	Medicald Kellibursellielit Fer Di	eiii ivales i	<u>UI</u>	NOI	<u> </u>	<u>tutionai i</u>	TOVILLEIS	
Le	e Memo	rial Hlth S	System- #4			Provider Number : 014789104				
						Date	e : 10/0	04/2019		
Ρ.	O. Box 2	147				Fisc	al Yea	ar End : N	/A	
Fo	rt Myers	, FI 3390	)2			Audi	it Stat	us : N/A		
Pr	ovider T	уре:				(	Curre	nt Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	Ily Qualified Health Centers					113.37	115.07	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60	)						
		#65	1a / H5L Routine Home Care (61	+)						
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Care	e - SIA						
		#65	5 / H55 Inpatient Respite Care							
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :	]	Rat	te 1	Туре	<b>:</b>			
			Budget		>	X		Prospect	ve	
			Unaudited costs					Total Pro	spective	
			Desk audited costs					Prospecti	ve Adjusted for	New costs
			Field audited costs							
			Medicare - Prospective					Interim		
		X	Payment System Rate					Total Inte	rim	
			Average Nursing Home Rate					Settleme	nt based on cost	S
			Lee							
	Distr	ibution:	:	1	W	/.Ryd	dell Sa	muel, Ad	ministrator #	~
	Fiscal	Agent							ursement Analys	sis
	Contra	act Mana	agement						,	
	Perma	anent File	е							
	Progra	am Deve	lopment:							



014789106 - 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

			Medicaid Neillibursement Fer Di	ieiii ivales io	1 110	11-1115	itutionai	FIOVIU <del>CIS</del>	
Lee	ee Memorial Health System				Pro	vider	Number :	014789106	
					Dat	te : 10	/04/2019		
404	40 Palm	Beach E	Blvd		Fis	cal Ye	ar End : N	I/A	
Fo	rt Myers	s, FL 339	916		Aud	dit Sta	tus : N/A		
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date
		Hospice Provider #651 / H51 Routine Home Care (1 #651a / H5L Routine Home Care							
	Swing-Bed Prov X Federally Qualif Hospice Provid #651 / H51 R #651a / H5L #652 / H52 C	-Bed Provider							
	X	Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019
		Hospic	ce Provider						
	#651 / H51 Routine Home Care (1-60)								,
		#65	51a / H5L Routine Home Care (61	. Routine Home Care (61 +)					
	#652 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Card	e - SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#65	59 Room and Board						
ſ	Ва	sis :	]	Rate	Тур	e :	]		
٠			Budget		Х		Prospect	ive	
-			Unaudited costs				Total Pro	spective	
-			Desk audited costs				Prospect	ive Adjusted for	New costs
-			Field audited costs				_		
•			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cost	s
			Lee				_		
	Distr	ibution	· ·	-I	V.Rv	dell S	amuel, Ad	ministrator #	,
	Fiscal Agent		_				ursement Analys	sis	
Contract Management						,			
	Perm	anent Fil	е						
	Program Development:								



014789107 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Rollingaroomont i or Bio	m rtatoo r	<u> </u>		montational	10110010	
Lee	Memorial Heal	th System-Bass Rd			Prov	rider Number :	014789107	
					Date	e: 10/04/2019		
РО	Box 2147				Fisc	al Year End : N	I/A	
For	Rural Health Clinic Swing-Bed Provider							
Pro	vider Type:				(	Current Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019
	Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )					
	#652 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care - SIA							
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
ſ	Basis :		Rat	е Т	Гуре	):		
		Budget		Χ	<	Prospect	ive	
_		Unaudited costs				Total Pro	spective	
_		Desk audited costs				Prospect	ive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
_		Average Nursing Home Rate				Settleme	nt based on cos	ts
_		Lee						
	Distribution			W.	.Ryd	lell Samuel, Ad	ministrator #	Z
	Fiscal Agent						oursement Analy	sis
	Contract Mana	agement					•	
	Permanent Fil	le						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)	)					



014789110 - 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 Die	m Rates for	NOI	<u>ı-ınstitutionai</u>	<u>Providers</u>			
Lee	e Memorial Hea	lth		Prov	vider Number :	014789110			
				Date	e: 10/04/2019				
61	5 Williams Aven	ue		Fisc	al Year End : N	N/A			
Fo	rt Myers, FL 33	972-7954		Aud	it Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Feder	ally Qualified Health Centers			113.37	115.07	10/01/2019		
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	-)						
	#6								
	#0	- SIA							
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
ſ	Basis :		Rate	Туре	e :				
<b>י</b>		Budget	)	X	Prospect	tive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	tive Adjusted for	New costs		
-		Field audited costs							
•		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	ent based on cos	ts		
		Lee							
	Distribution	l <u>1:</u>	W	V.Ryc	dell Samuel, Ad	Iministrator #	2		
	Fiscal Agent			Medicaid Cost Reimbursement Analysis					
	Contract Man	agement				·			
	Permanent Fi	ile							
	Program Dev	elopment:							
	For	information Only (No Change in rate)							



017234400 - 2019/10

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

Tallahassee, Florida 32308

Ag	ape Co	mm Hlth (	Ctr-King St			Pro	vider	Number :	017234400	
						Dat	e : 10	/04/2019		
120	) King	St				Fisc	cal Ye	ar End : N	/A	
Jac	ksonvi	lle, FI 322	204			Auc	dit Sta	itus : N/A		
Pro	vider <sup>-</sup>	Туре:					Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					123.58	125.44	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)						ı	
	#651a / H5L Routine Home Care (61 +)			+)						
	#0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care									
	#659 Room and Board									
	Ва	asis :	]	F	Rate	Тур	e :	]		
L			Budget			X		ם Prospecti	ve	
•			- Unaudited costs					- Total Pro	spective	
-			Desk audited costs					- Prospecti	ve Adjusted for	New costs
-			Field audited costs					-		
-			Medicare - Prospective	•				Interim		
		X	Payment System Rate					Total Inte	rim	
-			Average Nursing Home Rate					Settleme	nt based on cos	ts
-			Duval					-		
	<u>Dist</u>	ribution:			V	V.Ry	dell S	amuel, Ad	ministrator	ζ
	Fiscal Agent	Medicaid Cost Reimbursement Analysis					sis			
	Conti	ract Mana	gement							
	Perm	anent File	<b>)</b>							
	Prog	ram Devel	opment:							
	For information Only (No Change in rate)			)						



017234402 - 2019/10

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

Madiaaid	Daimburaansans	Dan Diam	Datas for	Nam Institutional	Dunidana
Medicald	Reillibui Seilleili	rei Dieili	Rates IOI	Non-Institutional	riovideis

Agape 0	Community	y Health-Jacksonville		Prov	rider Number :	017234402	
				Date	e : 10/04/2019		
5150 Tir	muquana I	Rd		Fisc	al Year End : N	I/A	
Jackson	nville, FI 3	2210		Audi	t Status : N/A		
Provide	er Type:			C	Current Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	g-Bed Provider					
X	Feder	rally Qualified Health Centers			123.58	125.44	10/01/2019
	Hosp	ice Provider					
	#6	651 / H51 Routine Home Care (1-60)					
	#6	651a / H5L Routine Home Care (61 +	)				
	#652 / H52 Continuous Home Care						
	#0	0551 / 0561 Continuous Home Care	- SIA				
	#6	655 / H55 Inpatient Respite Care					
	#6	656 / H56 General Inpatient Care					
	#659 Room and Board						
	Basis :		Rate	Туре	·:		
		Budget		X	 Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cos	ts
		Duval					
<u>Di</u>	stributio	l <u>n:</u>	V	V.Rvd	lell Samuel, Ad	ministrator #	ζ
Fis	scal Agent		Medicaid Cost Reimbursement Analysis				
Co	ntract Mar	nagement				ŕ	
Pe	rmanent F	ile					
Program Development:	velopment:						
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017234404 - 2019/10

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Tallahassee, Florida 32308

Ag	ape Co	mm Hlth (	Ctr-Edgewood Ave			Pro	vider	Number : (	017234404	
	•					Dat	e : 10	/04/2019		
120	) King (	St				Fisc	cal Ye	ar End : N	/A	
Jac	#652 / H52 Continuous Home Care					Auc	dit Sta	tus : N/A		
Pro	ovider	Туре:					Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					123.58	125.44	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)						ı	
	#651a / H5L Routine Home Care (61 + #652 / H52 Continuous Home Care			.)						
		#65	9 Room and Board							
ſ	Ва	asis :	]	R	ate	Тур	e :	1		
L			Budget			X		ן Prospecti	ve	
-			Unaudited costs	-				- Total Pro	spective	
•			Desk audited costs					- Prospecti	ve Adjusted for	New costs
-			Field audited costs					-		
-			Medicare - Prospective					Interim		
		Χ	Payment System Rate					Total Inte	rim	
•			Average Nursing Home Rate					Settleme	nt based on cos	ts
-			Duval					-		
	Dist	ribution:			V	V.Ry	dell S	amuel, Ad	ministrator #	ζ
	Fiscal Agent	Medicaid Cost Reimbursement Analysis					sis			
	Cont	ract Mana	gement							
	Perm	nanent File	9							
	Prog	ram Deve	lopment:							
	For information Only (No Change in rate)									



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		-	Medicaid Reimbursement Per Die	m Rates for	NOn	-institutional	<u>Providers</u>			
Ag	ape Co	mm Hlth (	Ctr		Prov	Provider Number : 017234406				
Ма	gnolia I	Project Cl	linic		Date	: 10/04/2019				
530	00 N Pe	arl St			Fisca	al Year End : N	I/A			
Jac	ksonvil	le, Fl 322	208		Audi	t Status : N/A				
Pro	ovider T	Гуре:			C	Current Rate	New Rate	Effective Date		
		Rural F	Health Clinic							
		Swing-	Bed Provider							
	X	Federa	Ily Qualified Health Centers			123.58	125.44	10/01/2019		
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-60)							
		#65	i1a / H5L Routine Home Care (61 +	-)						
		2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	- SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
[	Ва	nsis :		Rate	Туре	:				
ι			Budget	<u> </u>	X	——I Prospect	ive			
•			Unaudited costs			Total Pro	spective			
•			Desk audited costs			Prospect	ive Adjusted for	New costs		
•			Field audited costs							
•			Medicare - Prospective			Interim				
		Χ	Payment System Rate			Total Inte	erim			
•			Average Nursing Home Rate			Settleme	nt based on cost	ts		
•			 Duval							
	Distr	ribution			V.Rvd	ell Samuel, Ad	Iministrator #			
	Fisca	l Agent					oursement Analys	sis		
	Contr	act Mana	agement				~,			
	Perm	anent File	е							
	Progr	am Deve	elopment:							
		For ir	nformation Only (No Change in rate)							



017234409 - 2019/10

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Tallahassee, Florida 32308

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

Agape Community Health Center Inc		Pro	ovider N	umber :	017234409	
Agape Community Health Center South Jax		Da	te: 10/0	4/2019		
120 King Street		Fis	cal Year	End : N	/A	
Jacksonville, FL 32204		Aud	dit Statu	s : N/A		
Provider Type:			Curren	t Rate	New Rate	Effective Date
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers				123.58	125.44	10/01/2019
Hospice Provider						
#651 / H51 Routine Home Care (1-60)	)					,
#651a / H5L Routine Home Care (61	+)					
#652 / H52 Continuous Home Care						
#0551 / 0561 Continuous Home Care	- SIA					
#655 / H55 Inpatient Respite Care						
#656 / H56 General Inpatient Care						
#659 Room and Board						
Basis:	Rate	Тур	oe:			
Budget		Х	F	rospecti	ve	
Unaudited costs			T	otal Pro	spective	
Desk audited costs			F	rospecti	ve Adjusted for	New costs
Field audited costs						
Medicare - Prospective			lı	nterim		
X Payment System Rate			Т	otal Inte	rim	
Average Nursing Home Rate				Settleme	nt based on cost	s
Duval						
Distribution:	<u> </u>	V.Rv	/dell Sar	nuel Ad	ministrator #	,
Fiscal Agent	_				ursement Analys	 sis
Contract Management	•,					
Permanent File						
Program Development:						



020530900 - 2019/10

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

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

		•	Medicaid Neillibui Seilleitt Fei	Dieili Nates 10	1 140	<u> </u>	<u>iiiuiioiiai i</u>	I IOVIGEIS			
Pri	mary Ca	re Medio	cal Services of Poinciana		Pr	Provider Number : 020530900					
Os	ceola C	ommunit	y Health Services		Da	ate: 10/04/2019					
18	75 Fortu	ne Rd			Fis	iscal Year End : N/A					
Kis	simmee	, FL 347	744		Αι	udit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				124.95	126.82	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-	60)							
	#651a / H5L Routine Home Care (61 +)			61 +)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	Ту	pe:	7				
'			Budget		Χ		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				- Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
•			Osceola				_				
	Distr	ibution	<u>.</u>		V.R	ydell S	Samuel, Ad	ministrator #	,		
	Fiscal	Agent		_		•		ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent Fil	е								
	Progra	Program Development:									



022459100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>wedicaid Reimbursement Per Die</u>	m Rates for	NOI	<u>1-institutionai</u>	<u>Providers</u>		
Се	ntral Florida H	ealth Care Haines City Pediatrics		Prov	vider Number :	022459100		
				Date	e: 10/04/2019			
10°	11 East Main S	Street		Fisc	al Year End : N	N/A		
На	ines City, FL	33844		Aud	it Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	Rura	ll Health Clinic				'		
	Swir	ng-Bed Provider						
	X Fede	erally Qualified Health Centers			154.97	157.29	10/01/2019	
	Hosp	oice Provider						
	#	651 / H51 Routine Home Care (1-60)						
	#	651a / H5L Routine Home Care (61 +	+)					
	#							
	#	0551 / 0561 Continuous Home Care	- SIA					
	#	655 / H55 Inpatient Respite Care						
	#	656 / H56 General Inpatient Care						
	#	659 Room and Board						
	Basis :		Rate	Туре	e :			
ָ 		Budget		X	Prospec	tive		
•		Unaudited costs			Total Pro	spective		
-		Desk audited costs			Prospec	tive Adjusted for	New costs	
-		Field audited costs						
-		Medicare - Prospective			Interim			
	Х	Payment System Rate			Total Inte	erim		
-		Average Nursing Home Rate			Settleme	ent based on cost	ts	
-		Polk						
	Distributio	<u>on:</u>	W	/.Ryo	dell Samuel, Ad	dministrator #	ζ	
	Fiscal Agent	_	Medicaid Cost Reimbursement Analysis					
	Contract Ma	anagement				ĺ		
	Permanent	File						
	Program De	evelopment:						
	Fo	r information Only (No Change in rate)						



022558500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		Medicaid Neillibursement Fer D	rieiii ivales ioi	1110	<u> </u>	ilulionari	IOVIU <del>CIS</del>	
Wh	ole Family	Health Center		Pro	ovider	Number :	022558500	
				Da	ite : 10	/04/2019		
603	3 North Ind	ian River Dr Ste 102		Fis	scal Ye	ear End : N	/A	
Fo	rt Pierce, F	L 34950-3057		Au	ıdit Sta	itus : N/A		
Pro	ovider Typ	e:			Curre	ent Rate	New Rate	Effective Date
	R	ural Health Clinic					ı	
	S	wing-Bed Provider						
	X F	ederally Qualified Health Centers				127.20	129.11	10/01/2019
	Н	ospice Provider						
		#651 / H51 Routine Home Care (1-6	0)					
		#651a / H5L Routine Home Care (61	1 +)					
		#652 / H52 Continuous Home Care						
		#0551 / 0561 Continuous Home Car	re - SIA					
		#655 / H55 Inpatient Respite Care						
		#659 Room and Board						
	Basis	::	Rate	Тур	pe:			
Ì		Budget		Χ		Prospect	ve	
•		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ve Adjusted for	New costs
		Field audited costs				_		
•		Medicare - Prospective				Interim		
	Х	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		St Lucie						
	Distribu	ution:	I	۷.R۱	ydell S	amuel, Ad	ministrator #	,
	Fiscal A	gent	_				ursement Analys	sis
	Contract	Management					,	
	Permane	ent File						
	Program	Development:						



022558502 - 2019/10

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Tallahassee, Florida 32308

		Medicaid Neillibursement Fer Dien	i Nates ioi	INOI	<u>i-iiiStitutioiiai</u>	FIOVIUEIS				
Wh	hole Family Health Center			Provider Number: 022558502						
				Date	Date: 10/04/2019					
981	37th Place			Fisc	al Year End : N	I/A				
Vei	ro Beach, FL 32	2960-6541		Aud	it Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			127.20	129.11	10/01/2019			
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care -	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
ſ	Basis :	7	Rate	Type	e :					
L		_l Budget		<u>х</u>	l Prospect	ive				
-		Unaudited costs			 Total Pro	spective				
-		Desk audited costs			Prospect	ive Adjusted for	New costs			
-		Field audited costs								
-		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
-		Average Nursing Home Rate			Settleme	nt based on cost	ts			
-		St Lucie								
	Distribution	<u> </u>	W	V.Rvo	dell Samuel, Ac	Iministrator #	ζ			
	Fiscal Agent		_			oursement Analys	sis			
	Contract Mana	agement				ĺ				
	Permanent Fil	е								
	Program Deve	elopment:								
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023294200 - 2019/10

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Tallahassee, Florida 32308

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

		,	Modicala Nombarcoment of Di	om racoo		011 1110	<u>titutioiiui</u>	10110010			
Во	rinquen	Healthca	are Center Miami Dade Federal Hig	hway	Pr	ovider	Number :	023294200			
					Da	Date: 10/04/2019					
36	01 Fede	ral Highv	way		Fi	scal Ye	ear End : N	I/A			
Mia	ami, FL	33137			Αι	udit Sta	ntus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	Χ	Federa	Illy Qualified Health Centers				130.88	132.85	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60	)							
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	sis :		Ra	ite Ty	pe:					
			Budget		Х		_ Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distr	ibution	<u>:</u>	I	W.R	ydell S	samuel, Ad	ministrator #	,		
	Fiscal	Agent						ursement Analys	sis		
	Contra	act Mana	agement				-	<b>,</b>			
	Perma	anent Fil	е								
	Progra	am Deve	elopment:								



024798000 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		-	Medicald Kellibursellielit Fer Di	em Nates id	1 140	011-1115	ilulionai	FIOVILLEIS			
Rυ	ıral Heal	th Netwo	rk of Monroe County		Provider Number : 024798000						
					Date: 10/04/2019						
37	06 N Ro	osevelt E	Blvd		Fis	Fiscal Year End : N/A					
Ke	y West,	FL 3304	0-4566		Αι	udit Sta	itus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				143.74	145.90	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)				,			
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	7	Rate	Ту	pe :					
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Monroe								
	Distr	ibution:		1	W.R	ydell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contr	act Mana	agement					,			
	Perma	anent File	е								
	Progr	am Deve	lopment:								



025148200 - 2019/10

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

Tallahassee, Florida 32308

Се	nterplac	e Health,	, Inc.			Pro	vider	Number :	025148200			
	·					Dat	e : 10	)/04/2019				
220	00 Ring	ling Blvd				Fiscal Year End : N/A						
Sa	rasota,	FL 34237	7			Auc	dit Sta	atus : N/A				
Pro	ovider 1	Гуре:					Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					130.88	132.84	10/01/2019		
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)							'		
		#65	1a / H5L Routine Home Care (61 +	-)								
		#65	2 / H52 Continuous Home Care									
		- SIA										
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Ва	ısis :	]	R	ate	Тур	e :	7				
L			Budget			X		⊒ Prospecti	ve			
-			Unaudited costs					- Total Pro	spective			
•			Desk audited costs					- Prospecti	ve Adjusted for	New costs		
-			Field audited costs					_				
-			Medicare - Prospective					- Interim				
		Х	Payment System Rate	•				Total Inte	rim			
•			Average Nursing Home Rate					Settleme	nt based on cos	ts		
-			Sarasota					_				
	Distr	<u>ibution:</u>	I		V	V.Ry	dell S	Samuel, Ad	ministrator #	ζ.		
	Fisca	l Agent			N	/ledic	aid C	ost Reimb	ursement Analy	sis		
	Contr	act Mana	gement									
	Perm	anent File	e									
	Progr	am Deve	lopment:									
		For in	nformation Only (No Change in rate)									



025148202 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		-	<u>Medicaid Reimbursement Per D</u>	<u>liem Rates f</u>	or No	on-Inst	titutional	<u>Providers</u>			
Се	nterplac	e Health	Inc Sarasota		Provider Number : 025148202						
					Da	ate : 10	/04/2019				
17	50 17th	Street			Fis	scal Ye	ear End : N	I/A			
Sa	rasota, l	FL 3423	4		Audit Status : N/A						
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				130.88	132.84	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	0)							
		#65	1a / H5L Routine Home Care (61	l <b>+</b> )							
		#05	51 / 0561 Continuous Home Car	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rat	е Ту	pe :					
Ì			Budget		Χ		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	ts		
-			Sarasota				_				
	Distr	ibution:			W.R	ydell S	amuel, Ad	ministrator	~		
	Fisca	l Agent						ursement Analys			
	Contr	act Mana	gement					,			
	Perm	anent File	e								
	Progr	am Deve	lopment:								



025148204 - 2019/10

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

Tallahassee, Florida 32308

Се	enterplan Health Inc North Port			Provid	Provider Number: 025148204				
				Date: 10/04/2019					
				Fiscal	Year End : N	I/A			
,				Audit S	Status : N/A				
Pro	ovider Type:			Cu	rrent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
	X Federa	lly Qualified Health Centers			130.88	132.84	10/01/2019		
	Hospic	e Provider							
	#65	1 / H51 Routine Home Care (1-60)							
		1a / H5L Routine Home Care (61 -	+)						
		2 / H52 Continuous Home Care							
		51 / 0561 Continuous Home Care	- SIA						
		5 / H55 Inpatient Respite Care							
		6 / H56 General Inpatient Care							
	#65	9 Room and Board							
ſ	Basis :	]	Rate	Type :					
_		Budget	>	X	Prospect	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme —	nt based on cost	ts		
		Sarasota							
	Distribution:		W	'.Rydel	Samuel, Ad	Iministrator #	?		
	Fiscal Agent					oursement Analy	sis		
	Contract Mana	gement				·			
	Permanent File	9							
	Program Devel	lopment:							
	For in	nformation Only (No Change in rate)	)						



027976514 - 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

			modrodia Kombarooment i or	Dioiii itatoo io	1 111	JO	titutionai i	T TO VIGOTO		
Flo	lorida Dept of Health Walton County				Provider Number: 027976514					
Wa	lton Co	mmunity	Health Center		Date: 10/04/2019					
36	2 State I	Highway	83		Fis	scal Y	ear End : N	I/A		
De	funiak S	Springs, I	FL 32433		Αι	ıdit Sta	atus : N/A			
Pro	ovider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date	
		Rural	Health Clinic						1	
		Swing	-Bed Provider							
	X	Federa	ally Qualified Health Centers				127.59	129.51	10/01/2019	
		Hospi	ce Provider							
		#6	51 / H51 Routine Home Care (1-	60)						
		#6	51a / H5L Routine Home Care (6	61 +)						
	#652 / H52 Continuous Home Care			<b>;</b>						
	#0551 / 0561 Continuous Home Care			are - SIA						
		#6	55 / H55 Inpatient Respite Care							
		#6	56 / H56 General Inpatient Care							
		#6	59 Room and Board							
	Ва	sis :		Rate	• Ty	pe:	7			
,			 Budget		Χ		⊐ Prospect	ive		
•			Unaudited costs	-			– Total Pro	spective		
•			Desk audited costs				– Prospect	ive Adjusted for	New costs	
			Field audited costs				_			
•			Medicare - Prospective				_ Interim			
		Χ	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	is	
•			Walton				_			
	Distr	ibution	<u> </u>		N R	vdell S	Samuel Ad	ministrator #	<u> </u>	
		l Agent	<del>-</del>	_				ursement Analys	sis	
	Contr	act Man	agement	·			201110	and some street, and sy		
	Perm	anent Fi	le							
	Progr	am Deve	elopment:							



029152803 - 2019/10

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

Tallahassee, Florida 32308

		<u>Medicaid Reimbursement Per Die</u>	m Rates for	NON	<u>-institutionai</u>	<u>Providers</u>				
Со	llier Health Ser	vices - Marion E. Fether		Provider Number : 029152803						
				Date: 10/04/2019						
14	54 Madison Ave	enue		Fisc	al Year End : N	I/A				
lmı	mokalee, FL 33	3934		Aud	it Status : N/A					
Pro	ovider Type:			(	Current Rate	New Rate	Effective Date			
	Rural	Health Clinic								
	Swing	g-Bed Provider								
	X Feder	rally Qualified Health Centers			154.97	157.29	10/01/2019			
	Hosp	ice Provider								
	#6	551 / H51 Routine Home Care (1-60)								
	#6	651a / H5L Routine Home Care (61 +	-)							
	#6	552 / H52 Continuous Home Care								
	#0	0551 / 0561 Continuous Home Care	- SIA							
	#6	655 / H55 Inpatient Respite Care								
	#6	556 / H56 General Inpatient Care								
	#6	659 Room and Board								
	Basis :		Rate	Туре	<b>:</b>					
'		Budget	)	X	 Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	ts			
•		Collier								
	Distribution	l <u>n:</u>	W	/.Ryc	lell Samuel, Ac	Iministrator #	<u> </u>			
	Fiscal Agent					oursement Analy	sis			
	Contract Mar	nagement								
	Permanent F	ile								
	Program Dev	velopment:								
	For	information Only (No Change in rate)								



029152805 - 2019/10

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

Tallahassee, Florida 32308

Col	lier Health Serv	ices - East Naples Medical Ctr		Provider Number : 029152805						
				D	Date: 10/04/2019					
145	4 Madison Ave	nue		Fi	scal Y	ear End : N	I/A			
lmr	nokalee, FL 33	962		Αι	udit St	atus : N/A				
Pro	vider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rate	e Ty	pe :					
		 Budget		Χ		⊐ Prospect	ive			
_		Unaudited costs				– Total Pro	spective			
_		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				_ Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Collier				_				
	Distribution	<u>:</u>		W.R	ydell S	Samuel, Ad	ministrator #	·		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Mana	agement					,			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029152806 - 2019/10

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

Tallahassee, Florida 32308

				· · ·						
Со	llier Hlth Svc-Go	olden Gate Pediatrics		Provider Number : 029152806						
				С	Date: 10/04/2019					
145	54 Madison Ave			F	iscal	Year End : N	I/A			
lmr	mokalee , Fl 34	116		Δ	\udit :	Status : N/A				
Pro	ovider Type:				Cı	irrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	• T	ype :					
<b>ַ</b>		Budget		Х		 Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs	-							
-		Medicare - Prospective	-			Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Collier								
	Distribution			W.F	Rydel	I Samuel, Ad	ministrator #	~		
	Fiscal Agent		-				oursement Analys	sis		
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



029152807 - 2019/10

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

Tallahassee, Florida 32308

		-	Medicaid Neillibursement Fer Diei	II IVALES IO	1 140	<u> </u>	litutionari	FIOVIUEIS			
Col	llier Hlth	Svc-Chi	ildrens Hlth Network		Provider Number: 029152807						
					Da	Date: 10/04/2019					
145	54 Madis	on Ave			Fis	cal Ye	ear End : N	I/A			
lmr	nokalee	, FI 341	103		Au	dit Sta	ntus : N/A				
Pro	vider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61 +)								
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care -	SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
٦	Bas	sis :	7	Rate	Тур	ре :	1				
L			⊔ Budget		X		J Prospect	ive			
-			Unaudited costs				- Total Pro	spective			
-			Desk audited costs				- Prospect	ive Adjusted for	New costs		
_			Field audited costs				_				
-			Medicare - Prospective				- Interim				
		X	Payment System Rate				- Total Inte	erim			
-			Average Nursing Home Rate				- Settleme	nt based on cost	s		
-			Collier				-				
	Distri	bution	<u> </u>	V	V.Ry	/dell S	amuel, Ad	ministrator #	<u> </u>		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	elopment:								
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029152809 - 2019/10

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

Tallahassee, Florida 32308

Со	lier Hlth	n Svc-Mar	co Island Pediatrics						029152809			
								)/04/2019				
145	54 Madi	ison Ave				Fiscal Year End : N/A						
lmr	nokale	e, FI 3414	15			Auc	dit Sta	atus : N/A				
Pro	vider 7	Гуре:					Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-l	Bed Provider									
	X	Federal	lly Qualified Health Centers					154.97	157.29	10/01/2019		
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)									
		#65	1a / H5L Routine Home Care (61 +	+)								
	#652 / H52 Continuous Home Care											
		- SIA										
	#659 Room and Board											
ſ	Ba	nsis :	]	F	Rate	Tvp	e :	1				
L			J Budget			X		J Prospecti	ve			
_			- Unaudited costs					- Total Pro				
-			Desk audited costs					_	ve Adjusted for	New costs		
-			Field audited costs					<u> </u>	,			
-			- Medicare - Prospective					- Interim				
		X	Payment System Rate					- Total Inte	rim			
_			- Average Nursing Home Rate					- Settlemei	nt based on cos	ts		
-			Collier					-				
	<u>Distribution:</u>			V	V.Ry	dell S	Samuel, Ad	ministrator /	ζ 			
Fiscal Agent			M	1edic	caid C	ost Reimb	ursement Analy	sis				
		act Mana	-									
		anent File										
	Progr	ram Devel	opment:									
For information Only (No Change in rate)			)									



029152810 - 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

			Medicaid Neillibursement Fer Di	ieiii ivales io	INU	<u> </u>	itutionari	FIOVILLEIS		
						rovider Number : 029152810 ate : 10/04/2019				
										1454 Madison Ave
Immokalee, FI 34142						dit Status : N/A				
Provider Type:						Curre	ent Rate	New Rate	Effective Date	
		Rural I	Health Clinic							
		Swing	-Bed Provider							
	X	Federa	Illy Qualified Health Centers				154.97	157.29	10/01/2019	
		Hospic	ce Provider							
	#651 / H51 Routine Home Care (1-60)									
	#651a / H5L Routine Home Care (61 +)									
	#652 / H52 Continuous Home Care									
#0551 / 0561 Continuous Home Care - SIA										
#655 / H55 Inpatient Respite Care										
#656 / H56 General Inpatient Care										
		#65	59 Room and Board							
	Ва	sis :		Rate	Тур	ре :	]			
٠			Budget		Χ		Prospect	ive		
•		Unaudited costs  Desk audited costs			Total Prospective					
•							Prospective Adjusted for New costs			
•			Field audited costs				_			
•		Medicare - Prospective					Interim	im		
		Χ	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	s	
•			Collier				-			
	Distr	Distribution:				V.Rydell Samuel, Administrator				
	Fisca						edicaid Cost Reimbursement Analysis			
	Contract Management									
	Perm	anent Fil	е							
	Progr	am Deve	elopment:							



029152812 - 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

		-	Medicaid Keilibui Seilielit Fei Di	em ivales id	<u>/I I</u>	1011-11	istitutionai	FIOVICEIS				
Сс	llier Hea	Ith Servi	ces		Р	Provide	er Number :	029152812				
					С	Date:	10/04/2019					
10	08 Good	dlette Fra	ank Rd Suite 100		F	iscal	Year End : N	I/A				
Na	ples, FL	34102			A	Audit S	dit Status : N/A					
Pr	ovider T	уре:				Cu	rrent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	Χ	Federa	Ily Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60	)								
		#65	1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	e - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :	7	Rate	e Ty	ype :						
			Budget		Χ		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs									
			Medicare - Prospective				Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Collier									
	Distri	bution:			W.F	Rydell	Samuel, Ad	ministrator #	~			
	Fiscal	Agent		-				ursement Analys	sis			
	Contra	act Mana	agement					,				
	Perma	anent File	е									
	Progra	am Deve	lopment:									



029506001 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Rollingal Collicit 1 of Bio	m Ratoo R	<u>,, ,,,</u>	<u> </u>	otitutiona.	10114010				
Tre	enton Medical C	enter, Inc.		Provider Number : 029506001							
				Da	ate : 1	0/04/2019					
911	I S. Main St			Fi	scal Y	ear End : N	I/A				
Tre	enton, FL 32693	3		Αι	Audit Status : N/A						
Pro	ovider Type:				Curi	rent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				110.11	111.70	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)						·			
	#6	51a / H5L Routine Home Care (61 +	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#659 Room and Board										
ſ	Basis :	7	Rat	e Ty	pe :	7					
L		 Budget		Χ		⊐ Prospect	ive				
-		Unaudited costs				– Total Pro	spective				
-		Desk audited costs				– Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				_ Interim					
	Χ	Payment System Rate				Total Inte	erim				
-		Average Nursing Home Rate				_ Settleme	nt based on cos	its			
-		Gilchrist				_					
	Distribution			W.R	ydell (	Samuel, Ad	ministrator <i>T</i>	 R			
	Fiscal Agent						ursement Analy	rsis			
	Contract Man	agement					·				
	Permanent Fi	le									
	Program Dev	elopment:									
	For	information Only (No Change in rate)	)								



029506007 - 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 D	<u>iem Rat</u>	es for	Non	-Institutional	<u>Providers</u>				
Tre	enton Medical Ce	enter - Bradford			Provider Number: 029506007						
					Date	: 10/04/2019					
91	1 S. Main St				Fisca	al Year End : N	I/A				
Tre	enton, FL 32693			Audit Status : N/A							
Pr	ovider Type:				C	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				110.11	111.76	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60	0)								
	#6	51a / H5L Routine Home Care (61	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Car	e - SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :	7		Rate	Туре	:					
•		Budget	_	>	X	Prospect	ive				
•		Unaudited costs				Total Pro	spective				
		Desk audited costs	_			Prospect	ive Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Gilchrist									
	Distribution	· ·	-	W	/.Rvd	ell Samuel, Ad	ministrator	~			
	Fiscal Agent			_			ursement Analy				
	Contract Mana	agement					,				
	Permanent Fil	le									
	Program Deve	elopment:									



029506009 - 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

Medicald Reimbursement Per Dien					<u>Diem Rates for Non-Institutional Providers</u>						
Tre	enton Medical Center - Pediatrics				P	rovider	Number :	029506009			
TM	C Pedia	atrics			D	ate : 10	0/04/2019				
201	10 N. Yo	oung Blv	d.		Fi	scal Ye	ear End : N	I/A			
Ch	efland,	FL 3262	261951		Audit Status : N/A						
Pro	vider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				110.11	111.76	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	0)							
		#65	51a / H5L Routine Home Care (6	l +)							
	#652 / H52 Continuous Home Care										
		#05	551 / 0561 Continuous Home Car	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
[	Ва	ısis :			Rate Ty	pe:	7				
٠			Budget	-	Х		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
_			Levy				_				
	Distr	ibution	<u>.</u>		W.R	tydell S	Samuel, Ad	ministrator	<u> </u>		
	Fisca	l Agent						ursement Analys			
	Contr	act Mana	agement					,			
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



029506011 - 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

			Medicald Kellibursellient Fer	Dieili Nates 10	1 140	11-1113	iitutionai	FIOVILIEIS			
Tre	enton Medical Center - Healthcare				Provider Number : 029506011						
ΤN	C Healt	thcare			Date: 10/04/2019						
630	N. Ma	in Street			Fis	cal Ye	ear End : N	I/A			
Wi	liston, F	FL 3269	61705		Aud	dit Sta	itus : N/A				
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic						ı		
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				110.11	111.76	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-	·60)					'		
		61 +)									
		e									
		#0	551 / 0561 Continuous Home Ca	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	ısis :	7	Rate	Тур	e :	]				
			Budget		Χ		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				- Prospect	ive Adjusted for I	New costs		
•			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate Levy				Settleme	nt based on cost	s		
	Distr	ribution	:	V	N Rv	المار	amuel Ad	ministrator #			
		l Agent	<u>.</u>	_				ursement Analys	eie		
		•	agement	IV	vieul	Jaiu C	OSCINGIIIID	arsement Analys	JIO.		
		anent Fi									
			elopment:								
	9.		1								



029506013 - 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

			Medicaid Kellilbursellielit Fel	Dieili Nates IO	1 140	11-1113	litutionai	FIOVILLEIS				
Tre	enton Medical Center - Palms Pediatrics				Provider Number: 029506013							
Pa	ms Pec	liatrics			Dat	te : 10	/04/2019					
РС	Box 64	10			Fise	cal Ye	ear End : N	I/A				
Tre	nton, F	L 32693	3		Aud	Audit Status : N/A						
Pro	vider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date			
		Rural	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers				110.11	111.76	10/01/2019			
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-	·60)					,			
		61 +)										
		#6	52 / H52 Continuous Home Care	e								
		#0	551 / 0561 Continuous Home Ca	are - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
ſ	Ва	sis :	7	Rate	Тур	e :	]					
٠			Budget		Χ		Prospect	ive				
-			Unaudited costs	-			Total Pro	spective				
-			Desk audited costs	-			- Prospect	ive Adjusted for	New costs			
•			Field audited costs				_					
•			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
_			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Alachua									
	Distr	ibution	<u></u>	I	V.Rv	dell S	amuel. Ad	ministrator #	,			
	Fisca	l Agent		_				ursement Analys				
	Contr	act Man	agement									
	Perm	anent Fi	le									
Program Development:												



029506015 - 2019/10

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

<u>Medicaid Reimbursement Per Die</u>			<u>Diem Rates for Non-institutional Providers</u>									
Tre	enton M	enter		Provider Number : 029506015								
Pa	lms Me	dical Gro	up		Date	: 10/04/2019						
PC	Box 64	40			Fisca	I Year End : N	I/A					
Tre	enton, F	L 32693			Audit Status : N/A							
Pro	ovider 7	Туре:			С	urrent Rate	New Rate	Effective Date				
		Rural	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers			110.11	111.76	10/01/2019				
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-6	60)								
		#6	51a / H5L Routine Home Care (6 <sup>2</sup>	1 +)								
		#6	52 / H52 Continuous Home Care									
		#0	551 / 0561 Continuous Home Ca	re - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
	Ва	asis :		Rate	Туре	:						
٠			Budget		X	Prospect	ive					
			Unaudited costs			Total Pro	spective					
			Desk audited costs			Prospect	ive Adjusted for	New costs				
			Field audited costs									
•			Medicare - Prospective			Interim						
		Χ	Payment System Rate			Total Inte	erim					
			Average Nursing Home Rate			Settleme	nt based on cost	s				
			Bradford									
	Distr	ribution	· ·		V.Rvde	ell Samuel, Ad	ministrator	,				
	Fisca	l Agent		_			ursement Analys					
	Contr	ract Man	agement				<b>y</b> .					
	Perm	anent Fil	le									
	Progr	ram Deve	elopment:									



029506017 - 2019/10

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

		-	Medicaid Reimbursement Per L	<u>Diem Rates for</u>	NO	<u>n-institutio</u>	nai	<u>Providers</u>				
Tre	enton Medical Center				Pro	vider Numb	er:	029506017				
Pa	lms Med	lical Gro	up - High Springs		Dat	e: 10/04/20	019					
91	1 S Mair	Street			Fisc	cal Year En	d : N	I/A				
Tre	enton, Fl	32693	3239		Audit Status : N/A							
Pro	ovider T	уре:				Current Ra	ate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Ily Qualified Health Centers			11	0.11	111.76	10/01/2019			
		Hospic	e Provider									
		#65	11 / H51 Routine Home Care (1-6	60)								
		#65	1a / H5L Routine Home Care (6	1 +)								
		#65	2 / H52 Continuous Home Care	•								
		#05	51 / 0561 Continuous Home Ca	re - SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ba	sis :	7	Rate	Тур	e :						
'			Budget		X	Pros	pect	ive				
•			Unaudited costs			Total	Pro	spective				
•			Desk audited costs			Pros	pect	ive Adjusted for	New costs			
•			Field audited costs									
•			Medicare - Prospective			Interi	im					
		X	Payment System Rate			Total	Inte	erim				
			Average Nursing Home Rate			Settle	eme	nt based on cost	s			
-			Alachua									
	Distr	ibution:	<u> </u>	I	V.Rv	dell Samue	I, Ad	ministrator	<u> </u>			
	Fiscal	Agent		_				oursement Analys				
	Contra	act Mana	agement					,				
	Perma	anent File	е									
	Progra	am Deve	elopment:									



029506019 - 2019/10

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

		-	Medicald Neillibursement Fer	Dieili iv	ales IUI	NOII-III	Stitutional	FIOVILLEIS				
Tre	enton Medical Center IncLive Oak					Provide	er Number :	029506019				
Pa	lms Med	dical Grou	ab			Date:	10/04/2019					
91	1 S. Mai	in St				Fiscal Year End : N/A						
Tre	nton, F	L 32693	3239			Audit Status : N/A						
Pro	ovider 1	Гуре:				Cui	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				110.11	111.76	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-	60)					,			
		#65	1a / H5L Routine Home Care (6	i1 +)								
		#65	2 / H52 Continuous Home Care	)								
		#05	51 / 0561 Continuous Home Ca	re - Sl	A							
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
[	Ва	sis :	7		Rate 1	ype :						
١			Budget		Х		 Prospect	ive				
•			Unaudited costs	-			Total Pro	spective				
•			Desk audited costs	-			Prospect	ive Adjusted for	New costs			
•			Field audited costs	-								
•			Medicare - Prospective	-			Interim					
		Χ	Payment System Rate	-			Total Inte	erim				
•			Average Nursing Home Rate Taylor	_			Settleme	nt based on cost	s			
	Distr	ibution:			W.	Rydell	Samuel, Ad	ministrator				
	Fisca	l Agent			Me	edicaid	Cost Reimb	ursement Analys	sis			
	Contr	act Mana	gement									
	Perm	anent File	Э									
	Progr	am Deve	lopment:									



029506021 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

<u>Medicaid Reimbursement Per D</u>					es for in	on-ins	titutionai	<u>Providers</u>					
Tre	enton M	edical Ce	enter-Orange Park		Pr	ovider	Number :	029506021					
Pa	lms Med	dical Gro	up		Da	ate : 10	0/04/2019						
23	343 NW	County	Rd 236		Fiscal Year End : N/A								
Hiç	gh Sprin	gs, FI 32	2643		Αι	Audit Status : N/A							
Pr	ovider T	Гуре:				Curr	ent Rate	New Rate	Effective Date				
		Rural I	Health Clinic										
		Swing	-Bed Provider										
	X	Federa	Illy Qualified Health Centers				110.11	111.76	10/01/2019				
		Hospic	ce Provider										
		#65	51 / H51 Routine Home Care (1-6	0)									
		#65	51a / H5L Routine Home Care (61	l <b>+</b> )									
	#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care												
		#65	55 / H55 Inpatient Respite Care										
		#65	56 / H56 General Inpatient Care										
	#659 Room and Board												
	Ва	ısis :			Rate Ty	pe:	]						
<b>'</b>			Budget		Х		Prospect	ive					
,			Unaudited costs				Total Pro	spective					
			Desk audited costs				- Prospect	ive Adjusted for	New costs				
•			Field audited costs				_						
'			Medicare - Prospective				_ Interim						
		Χ	Payment System Rate				Total Inte	erim					
'			Average Nursing Home Rate				Settleme	nt based on cost	s				
			Clay				_						
	Distr	ibution	<u>.</u>		W.R	vdell S	Samuel. Ad	ministrator	~				
	Fisca	l Agent						oursement Analys					
	Contr	act Mana	agement										
	Perm	anent Fil	е										
Program Development:													



029506023 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		•	modicala Rombarcomont For	<u> </u>	<u> </u>	110	,,, ,,, <u>,</u>	titutionai i	10110010	
Tre	renton Medical Center				Pro	ovider	Number :	029506023		
Pa	lms Med	lical Gro	up - Bell			Da	te : 10	0/04/2019		
23	343 NW	County	Rd 236			Fis	cal Ye	ear End : N	I/A	
Hiç	ıh Sprin	gs, FL 3	2643-9669			Au	dit Sta	atus : N/A		
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	Ily Qualified Health Centers					110.11	111.76	10/01/2019
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-0	60)						
		#65	61a / H5L Routine Home Care (6	61 +)						
		#65	2 / H52 Continuous Home Care	)						
		#05	551 / 0561 Continuous Home Ca	are - SIA	1					
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :	]		Rate	Тур	oe :	7		
,			Budget			Χ		Prospect	ive	
•			Unaudited costs	_				Total Pro	spective	
•			Desk audited costs					Prospect	ive Adjusted for I	New costs
•			Field audited costs					_		
•			Medicare - Prospective					Interim		
		X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cost	s
-			Gilchrist					_		
	Distr	ibution	<u>.</u>			۷.R۱	/dell S	Samuel, Ad	ministrator #	~
	Fiscal	Agent			_				ursement Analys	sis
	Contra	act Mana	agement						,	
	Perma	anent Fil	е							
	Progra	am Deve	elopment:							



029523001 - 2019/10

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

			Medicaid Neilliburseilleilt Fer Di	ieiii ivales ioi	INO	11-1113	itutionai	FIOVILLEIS			
Su	ncoast (	enter	Provider Number : 029523001								
					Dat	te : 10	/04/2019				
146	618 Sta	te Road s	574		Fis	cal Ye	ar End : N	I/A			
Do	ver, FL	33527			Audit Status : N/A						
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic						ı		
		Swing-	-Bed Provider								
	X	Federa	Illy Qualified Health Centers				150.63	152.89	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60	))							
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
ſ	Ва	ısis :	7	Rate	Тур	e :	]				
٠			Budget		Χ		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
•			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Hillsborough								
	Distr	ibution	· ·		V.Rv	dell S	amuel, Ad	ministrator #	•		
	Fisca	l Agent		_				ursement Analys	sis		
	Contr	act Mana	agement					,			
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



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

			Medicaid Neilliburseilleilt Per	Dieili Nates 10	1 140	<u> </u>	litutional	I IOVIU <del>CIS</del>		
Jes	ssie Tric	e Comm	unity Health Center - Flamingo		Provider Number : 029540000					
					Da	ate : 10	0/04/2019			
70	S. Roy	/al Poinc	iana Blvd, Suite 300		Fis	scal Ye	ear End : N	I/A		
Mia	ami Spri	ngs, FL	33166		Αι	udit Sta	atus : N/A			
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date	
		Rural I	Health Clinic							
		Swing-	Bed Provider							
	X	Federa	Illy Qualified Health Centers				134.99	137.01	10/01/2019	
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1-	60)						
		#65	51a / H5L Routine Home Care (6	61 +)						
		#65	52 / H52 Continuous Home Care	•						
		#05	551 / 0561 Continuous Home Ca	are - SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :		Rate	Ту	pe :	7			
,			Budget		Χ		Prospect	ive		
			Unaudited costs				Total Pro	spective		
			Desk audited costs				Prospect	ive Adjusted for	New costs	
			Field audited costs				_			
•			Medicare - Prospective				Interim			
		X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	s	
			Dade				_			
	Distr	ibution	<u>.</u>		W.R	ydell S	Samuel, Ad	ministrator #	~	
	Fiscal	l Agent		_				ursement Analys	sis	
	Contr	act Mana	agement					·		
	Perma	anent Fil	e							
	Progr	am Deve	elopment:							



029541800 - 2019/10

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

			Medicaid Neillibursellient Fer	Dieiii ivales iu	1 140	<u> </u>	<u>iiiuiioiiai i</u>	I IOVIU <del>CIS</del>	
Jes	ssie Tric	e Comm	unity Health Center - Main		Pr	ovider	Number :	029541800	
					Da	ate : 10	0/04/2019		
700	S. Roy	al Poinc	iana Blvd, Suite 300		Fis	scal Ye	ear End : N	I/A	
Mia	ami Spri	ngs, FL	33166		Αι	ıdit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural I	lealth Clinic						
		Swing	·Bed Provider						
	X	Federa	Illy Qualified Health Centers				134.99	137.01	10/01/2019
		Hospic	e Provider						
		#65	51 / H51 Routine Home Care (1-	60)					
		#65	51a / H5L Routine Home Care (6	1 +)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Ca	re - SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :		Rate	Ту	pe:	]		
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim _		
		X	Payment System Rate				Total Inte		
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Dade						
	Distr	ibution	<u>:</u>	_ I	V.R	vdell S	Samuel, Ad	ministrator #	,
	Fiscal	Agent		_				ursement Analys	sis
	Contra	act Mana	agement						
	Perma	anent Fil	е						
	Progra	am Deve	elopment:						



029541802 - 2019/10

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

		-	Medicaid Neillibursement Fer Die	eni ivales io	1 140	011-11131	itutionari	FIOVILLEIS			
Je	ssie Tric	e Comm	unity Health Center - North		Pr	Provider Number : 029541802					
					Da	ate: 10/04/2019					
70	0 S. Roy	al Poinci	ana Blvd		Fis	scal Ye	ar End : N	I/A			
Mi	ami Spri	ngs, FL	33166		Αι	udit Sta	tus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				134.99	137.01	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)				,			
		#65	1a / H5L Routine Home Care (61 -	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rate	Ту	pe :	]				
'			Budget		Χ		Prospecti	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospecti	ive Adjusted for	New costs		
			Field audited costs				-				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Dade								
	Distr	ibution:		<u> </u>	V.R	ydell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	e								
	Progra	am Deve	lopment:								



029541804 - 2019/10

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Rural Health Clinic Swing-Bed Provider			Medicaid Reimbursement Per D	iem Rates for	Non-	-Institutional	<u>Providers</u>	
700 S. Royal Poinciana Blvd Suite 300 Miami Springs, FL 33166  Provider Type:  Current Rate Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers Hospice Provider #51 / H51 Routine Home Care (1-60) #651a / H52 Continuous Home Care - SIA #655 / H55 Continuous Home Care #656 / H56 General Inpatient Care #659 Room and Board  Rate Type:  Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade  Piscal Year End : N/A Audit Status : N/A  Audit Sta	Jessie <sup>-</sup>	Trice Comr	munity Health Center - Cope North		Prov	ider Number :	029541804	
Miami Springs, FL 33166  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board  Rate Type:  Desk audited costs  Hedicare - Prospective  X Payment System Rate Average Nursing Home Rate Dade  Pistribution: Fiscal Agent Contract Management Permanent File  Rural Health Clinic  Current Rate  New Rate  Effective Date  Effective Date  Effective Date  Effective Date  Effective Date  Effective Date  Fifective Date					Date	: 10/04/2019		
Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #655 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care  #655 / H56 General Inpatient Care  #659 Room and Board    Rate Type:   X Prospective     Unaudited costs     Desk audited costs     Field audited costs     Medicare - Prospective     X Payment System Rate     Average Nursing Home Rate     Dade     Distribution:     Fiscal Agent     Contract Management     Permanent File	700 S. I	Royal Poin	ciana Blvd Suite 300		Fisca	al Year End : N	I/A	
Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers 134.99 137.01 10/01/2015 Hospice Provider  #651 / H51 Routine Home Care (1-60) #651a / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #659 Room and Board    Rate Type:	Miami S	Springs, FL	. 33166		Audi	t Status : N/A		
Swing-Bed Provider  X Federally Qualified Health Centers 134.99 137.01 10/01/2018  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H52 Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type:	Provide	er Type:			C	Current Rate	New Rate	Effective Date
X Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H52 Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care  #655 / H55 Inpatient Respite Care  #659 Room and Board    Rate Type :		Rural	Health Clinic					
Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board     Basis:		Swing	g-Bed Provider					
#651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #659 Room and Board    Basis:	X	Feder	ally Qualified Health Centers			134.99	137.01	10/01/2019
#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type:		Hosp	ice Provider					
#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type :		#6	551 / H51 Routine Home Care (1-6	0)				
#0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type :		#6	651a / H5L Routine Home Care (61	+)				
#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Basis :		#6	552 / H52 Continuous Home Care					
#656 / H56 General Inpatient Care #659 Room and Board    Basis :		#0	0551 / 0561 Continuous Home Car	e - SIA				
#659 Room and Board    Basis :		#6	555 / H55 Inpatient Respite Care					
Basis:    Budget		#6	556 / H56 General Inpatient Care					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade  Distribution: Fiscal Agent Contract Management Permanent File  Rose Audited costs Frospective Prospective Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		#6	559 Room and Board					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade  Distribution: Fiscal Agent Contract Management Permanent File  Total Prospective Prospective Adjusted for New costs  What is a second of the cost of t		Basis :		Rate	Туре	:		
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Budget	,	X	Prospect	ive	
Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Dade  Distribution: Fiscal Agent Contract Management Permanent File  Field audited costs  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis			Unaudited costs			Total Pro	spective	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade  Distribution: Fiscal Agent Contract Management Permanent File  Medicare - Prospective Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Desk audited costs			Prospect	ive Adjusted for	New costs
X Payment System Rate Average Nursing Home Rate Dade  Distribution: Fiscal Agent Contract Management Permanent File  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Field audited costs					
Average Nursing Home Rate Dade  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Medicare - Prospective			Interim		
Distribution:  Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		X	Payment System Rate			Total Inte	erim	
Distribution:  Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Average Nursing Home Rate			Settleme	nt based on cost	ts
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File			Dade					
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File	<u>Di</u>	stributio	<u>n:</u>	_I	/.Rvd	ell Samuel, Ad	ministrator #	~
Contract Management  Permanent File	Fis	scal Agent						
	Co	ontract Mar	nagement					
Program Development:	Pe	ermanent F	ïle					
	Pr	ogram Dev	velopment:					



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Tallahassee, Florida 32308

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

		•	modiodid Normbaroomont For Di	om ratoo i	<u> </u>	011 1110	<u>titutioiiui</u>	TO TIGOTO				
Jes	ssie Tric	e Comm	unity Health Center - Northshore		Pı	rovider	Number :	029541806				
					D	Date: 10/04/2019						
70	S. Roy	al Poinc	iana Blvd		Fi	scal Ye	ear End : N	I/A				
Mia	ami Spri	ngs, FL	33166		Αι	udit Sta	ntus : N/A					
Pre	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
		Rural I	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	Illy Qualified Health Centers				134.99	137.01	10/01/2019			
		Hospic	ce Provider									
		#65	51 / H51 Routine Home Care (1-60	))								
		#65	51a / H5L Routine Home Care (61	+)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Care	e - SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	56 / H56 General Inpatient Care									
		#65	59 Room and Board									
	Ва	sis :		Rat	te Ty	pe:						
			Budget		Х		_ Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
		Х	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	ts			
			Dade									
	Distr	ibution	· ·	1	W.R	tydell S	amuel. Ad	ministrator #	~			
	Fiscal	Agent						ursement Analy	sis			
	Contr	act Mana	agement									
	Perma	anent Fil	е									
	Progr	am Deve	elopment:									



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		Medicaid Reimbursement Per Die	m Rates for	NON	-institutional	<u>Providers</u>				
Jes	ssie Trice Con	nmunity Health Center - Norland HCC		Prov	Provider Number : 029541808					
				Date	: 10/04/2019					
700	S. Royal Poi	nciana Blvd		Fisca	al Year End : N	I/A				
Mia	ami Springs, F	L 33166		Audi	t Status : N/A					
Pro	ovider Type:			C	Current Rate	New Rate	Effective Date			
	Rura	al Health Clinic								
	Swir	ng-Bed Provider								
	X Fede	erally Qualified Health Centers			134.99	137.01	10/01/2019			
	Hos	pice Provider								
	#	#651 / H51 Routine Home Care (1-60)								
	#	#651a / H5L Routine Home Care (61 -	+)							
	#	#652 / H52 Continuous Home Care								
	#	#0551 / 0561 Continuous Home Care	- SIA							
	#	#655 / H55 Inpatient Respite Care								
	#	#656 / H56 General Inpatient Care								
	#	#659 Room and Board								
	Basis :		Rate	Туре	:					
'		Budget	)	X	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	ts			
•		Dade								
	Distribution	l <u>on:</u>	W	/.Rvd	ell Samuel, Ad	ministrator #	<u> </u>			
	Fiscal Agen	t	_			oursement Analys	sis			
	Contract Ma	anagement								
	Permanent	File								
	Program De	evelopment:								
	Fo	or information Only (No Change in rate)	)							



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		-	Medicaid Reimbursement Per Di	em Rates for	ION	<u>n-institutional</u>	<u>Providers</u>				
Jes	ssie Tric	e Comm	unity Health Center - Charles Drew	Elem	Pro	Provider Number : 029541810					
					Date: 10/04/2019						
70	S. Roy	al Poinc	iana Blvd		Fisc	cal Year End : I	N/A				
Mia	ami Spri	ngs, FL	33166		Aud	lit Status : N/A					
Pro	ovider T	уре:				Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers			134.99	137.01	10/01/2019			
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60	))							
		#65	11a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	1	Rate	Тур	e:					
Ì			Budget		Х	Prospec	tive				
			Unaudited costs			Total Pr	ospective				
			Desk audited costs			Prospec	tive Adjusted for	New costs			
			Field audited costs								
			Medicare - Prospective			Interim					
		X	Payment System Rate			Total Int	erim				
			Average Nursing Home Rate			Settleme	ent based on cos	ts			
			Dade								
	Distr	ibution:	<u>:</u>		V.Ryo	dell Samuel, A	dministrator #	ζ			
	Fiscal	Agent		_			bursement Analy	sis			
	Contra	act Mana	agement				·				
	Perma	anent File	е								
	Progra	am Deve	elopment:								



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

		-	Medicaid Neilliburseillent Fer D	vieili ivate	3 101	NO	<u>///-///3</u>	itutionai i	TOVIUEIS			
Jes	essie Trice Community Health Center					Provider Number : 029541846						
No	rland Pri	imary He	alth			Da	Date : 10/04/2019					
560	07 NW 2	?7th Ave,	Ste 1			Fis	cal Ye	ar End : N	/A			
Mia	ami, FL	33142				Aud	dit Sta	tus : N/A				
Pro	ovider T	уре:					Curre	nt Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					134.99	137.01	10/01/2019		
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	0)								
		#65	1a / H5L Routine Home Care (61	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Car	re - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :	]		Rate	Тур	oe :					
•			Budget			X		Prospecti	ve			
-			Unaudited costs					Total Pro	spective			
-			Desk audited costs					Prospecti	ve Adjusted for	New costs		
•			Field audited costs									
•			Medicare - Prospective					Interim				
	,	X	Payment System Rate					Total Inte	rim			
			Average Nursing Home Rate					Settleme	nt based on cost	s		
			Dade									
	Distri	ibution:			V	V.Rv	/dell Sa	amuel, Ad	ministrator #	~		
	Fiscal	Agent			_				ursement Analys	sis		
	Contra	act Mana	gement						,			
	Perma	anent File	e									
	Progra	am Deve	lopment:									



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		<u>Medicaid Reimbursement Per Die</u>	m Rates for	NON	-institutionai	<u>Providers</u>				
Jes	ssica Trice Com	nmunity Health Center- 75th Street		Prov	Provider Number : 029541850					
				Date	Date: 10/04/2019					
560	07 NW 27th Av	e, Suite 1		Fisc	al Year End : N	I/A				
Mia	ami, FL 331422	2826		Audi	it Status : N/A					
Pro	ovider Type:			C	Current Rate	New Rate	Effective Date			
	Rural	Health Clinic								
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers			134.99	137.01	10/01/2019			
	Hosp	ice Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	651a / H5L Routine Home Care (61 +	+)							
	#6	552 / H52 Continuous Home Care								
	#0	0551 / 0561 Continuous Home Care	- SIA							
	#6	555 / H55 Inpatient Respite Care								
	#6	556 / H56 General Inpatient Care								
	#6	559 Room and Board								
	Basis :		Rate	Туре	<b>:</b>					
		Budget		X	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	Х	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	ts			
•		 Dade								
	Distribution	l <u>n:</u>	W	/.Rvd	lell Samuel, Ad	ministrator #				
	Fiscal Agent		_			oursement Analys	sis			
	Contract Mar	nagement				ĺ				
	Permanent F	ïle								
	Program Dev	velopment:								
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				<u>.                                    </u>		ouiloilui	1.01.000			
Jes	sie Trice Comm	n Hlth Ctr- Opa-Locka			Prov	vider Number :	029541852			
					Date: 10/04/2019					
560	)7 NW 27th Ave	Ste1			Fisc	al Year End : I	N/A			
Mia	nmi, FI 33142				Aud	it Status : N/A				
Pro	ovider Type:					Current Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				134.99	137.01	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rat	e 7	Туре	e :				
<u></u>		Budget		>	X	Prospec	tive			
-		Unaudited costs				Total Pro	ospective			
-		Desk audited costs				Prospec	tive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Int	erim			
_		Average Nursing Home Rate				Settleme	ent based on cos	ts		
_		Dade								
	Distribution			W	.Ryc	dell Samuel, A	dministrator M	 R		
	Fiscal Agent						bursement Analy	rsis		
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



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				<u> </u>						
Jes	sie Trice Comm	nunity Health Ctr-Hialeah		Р	Provid	er Number :	029541854			
				С	Date: 10/04/2019					
560	7 NW 27th Ave	)		F	iscal	Year End : N	I/A			
Mia	nmi, Fl 33142			A	udit S	Status : N/A				
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				134.99	137.01	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	e Ty	ype :	$\overline{}$				
<u></u>		Budget		Χ		 Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
-		Dade								
	Distribution			W.F	Rydel	l Samuel, Ad	ministrator #	ζ		
	Fiscal Agent						oursement Analy	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
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#### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		•	modicala Rombarcomont i di Bi	om ratoo r	<u> </u>		titutional	110114010	
Je	ssie Tric	e Comm	Hlth Ctr-Carol City		Р	rovider	Number :	029541858	
					D	ate : 10	0/04/2019		
56	07 NW 2	?7th Ave			F	iscal Y	ear End : N	I/A	
Mi	ami, FI	33142			Α	udit Sta	atus : N/A		
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural I	Health Clinic						,
		Swing	-Bed Provider						
	Χ	Federa	Illy Qualified Health Centers				134.99	137.01	10/01/2019
		Hospic	ce Provider						
		#65	51 / H51 Routine Home Care (1-60	))					
		#65	51a / H5L Routine Home Care (61	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Care	e - SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#65	59 Room and Board						
	Ва	sis :		Rat	e Ty	/pe :			
			Budget		Χ		_ Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Dade						
	Distr	ibution	<u>:</u>		W.F	Rydell S	Samuel, Ad	ministrator #	~
	Fiscal	Agent						oursement Analy	sis
	Contra	act Mana	agement						
	Perma	anent Fil	е						
	Progra	am Deve	elopment:						



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				<u> </u>		oationar		
Jes	sie Trice Comm	n Hlth Ctr-#60		F	Prov	rider Number :	029541860	
				[	Date	: 10/04/2019		
560	7 NW 27th Ave			F	Fisca	al Year End : N	I/A	
Mia	ami, Fl 33142			/	Audi	t Status : N/A		
Pro	ovider Type:				C	Current Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				134.99	137.01	10/01/2019
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )					
	#6							
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rat	e T	Гуре	·:		
<u></u>		Budget		X	(	Prospect	ive	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				Prospect	ive Adjusted for	New costs
-		Field audited costs	·					
-		Medicare - Prospective	·			Interim		
	Χ	Payment System Rate				Total Inte	erim	
_		Average Nursing Home Rate				Settleme	nt based on cost	ts
_		Dade	'					
	Distribution			W.	.Ryd	ell Samuel, Ad	ministrator #	ζ
	Fiscal Agent						ursement Analy	sis
	Contract Man	agement					,	
	Permanent Fi	le						
	Program Deve	elopment:						
	For i	information Only (No Change in rate)	)					



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				<u> </u>		····oationa				
Jes	sie Trice-54th A	Ave			Prov	vider Number :	029541862			
				Date: 10/04/2019						
560	7 NW 27th Ave				Fisc	al Year End : N	I/A			
Mia	ımi, FI 33142				Aud	it Status : N/A				
Pro	vider Type:					Current Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				134.99	137.01	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rat	e 7	Туре	e :				
		Budget	<u> </u>	>	X	 Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
_		 Dade								
	Distribution			W	/.Ryc	dell Samuel, Ac	Iministrator #	2		
	Fiscal Agent					oursement Analy	sis			
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



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

		-	Medicaid Neillibursellient Fer Die	eni Nates io	1 14	011-1115	ilulionai	FIOVIU <del>CIS</del>	
Je	ssie Tric	e Comm	unity Health System-Miami		Pı	rovider	Number :	029541865	
217 NW 15th Street					Da	ate : 10	/04/2019		
21	7 NW 15	th Street	t		Fi	scal Ye	ear End : N	I/A	
Mi	ami, FL	33136			Αι	udit Sta	itus : N/A		
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				134.99	137.01	10/01/2019
		Hospic	e Provider						
		#65	1 / H51 Routine Home Care (1-60)	)					
		#65	1a / H5L Routine Home Care (61	+)					
		#65	2 / H52 Continuous Home Care						
		#05	51 / 0561 Continuous Home Care	- SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :		Rate	Ту	pe:	]		
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Dade						
	Distr	ibution:	<u> </u>	<u> </u>	V.R	Rydell S	amuel, Ad	ministrator #	~
	Fiscal	Agent		_				ursement Analys	sis
	Contr	act Mana	agement					,	
	Perma	anent File	е						
	Progr	am Deve	elopment:						



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

Tallahassee, Florida 32308

		Modicard Rollingar Common T or Dic	<u> </u>	<u> </u>		montationar	10110010		
Ru	ral Health Care	- Main			Prov	ider Number :	029543400		
				Date: 10/04/2019					
P.C	). Box 817			Ī	Fisca	al Year End : N	I/A		
Pal	atka, FL 32178	B .		,	Audi	t Status : N/A			
Pro	ovider Type:				C	Current Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				128.16	130.08	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 -	+)						
	#652 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
ſ	Basis :		Rat	te T	Гуре	:			
L		 Budget		X	(	Prospect	ive		
-		Unaudited costs				Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
-		Field audited costs	_						
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cost	ts	
-		Alachua							
	Distribution	<u></u>		W.	.Ryd	ell Samuel, Ad	ministrator #	~	
	Fiscal Agent Contract Management					ursement Analy	sis		
						·			
	Permanent Fi	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate)	)						



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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

Rural Hea	O. Box 817  alatka, FI 32178  rovider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care	Pr	ovider Number :	029543401				
		Da	ate: 10/04/2019					
P.O. Box	Swing-Bed Provider  X Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care	Fiscal Year End : N/A						
Palatka, I	FI 32178	Αι	udit Status : N/A					
Provider	Туре:	Date: 10/04/2019  Fiscal Year End: N/A  Audit Status: N/A  Current Rate New Rate Effecti  rs 128.16 130.08 10/  re (1-60)  are (61 +)  c Care  me Care - SIA  Care	Effective Date					
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers	128.16	130.08	10/01/2019				
	Hospice Provider							
	#651 / H51 Routine Home Care (1-60)	#651 / H51 Routine Home Care (1-60)						
	#651a / H5L Routine Home Care (61 +)							
	#652 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care - SIA							
	#655 / H55 Inpatient Respite Care							
	#656 / H56 General Inpatient Care							
	#659 Room and Board							

Basis :	7	Rate Type	e :
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<del></del>
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Alachua		

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



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

Tallahassee, Florida 32308

		Modicard Rollingar Compiler of Bio	min itatoo i	<u> </u>	011 1110	titutionai i	10114010		
Ru	ral Health Care	- Interlachen Family Med. Center		Pr	ovider	Number :	029543402		
			Da	Date: 10/04/2019					
P.C	). Box 817			Fi	scal Y	ear End : N	I/A		
Pal	atka, FI 32178			Αι	udit Sta	atus : N/A			
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				128.16	130.08	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	<b>+</b> )						
	#6								
	#0	551 / 0561 Continuous Home Care							
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
ſ	Basis :	7	Rat	е Ту	pe :	7			
<u></u>		Budget		Х		⊐ Prospecti	ive		
-		Unaudited costs				– Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
-		Field audited costs				_			
-		Medicare - Prospective				_ Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
-		Alachua				_			
	Distribution			W.R	ydell S	Samuel, Ad	ministrator #	·	
	Fiscal Agent					ursement Analys	sis		
	Contract Man	agement					,		
	Permanent Fi	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate)	)						



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

Tallahassee, Florida 32308

Ru	ral Heal	th Care -	Crescent City Family Med. Center		Pro	ovider	Number :	029543403			
					Da	te : 10	0/04/2019				
P.C	D. Box 8	17			Fis	cal Y	ear End : N	I/A			
Pa	latka, Fl	32178		Audit Status : N/A							
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic						'		
		Swing-l	Bed Provider								
	Χ	Federal	lly Qualified Health Centers				128.16	130.08	10/01/2019		
		Hospic	e Provider								
		#65 <sup>-</sup>	1 / H51 Routine Home Care (1-60)					,			
		#65 <sup>-</sup>	1a / H5L Routine Home Care (61 +	+)							
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	Тур	oe :	7				
			Budget		Х		⊐ Prospect	ive			
•			Unaudited costs				– Total Pro	spective			
•			Desk audited costs				- Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				_ Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cos	ts		
-			Alachua				_				
	Distr	ibution:		V	V.Ry	dell S	Samuel, Ad	ministrator //	Z.		
	Fiscal	Agent		_				ursement Analy	rsis		
	Contra	act Mana	gement					•			
	Perma	anent File	)								
	Program Development:										
		For in	formation Only (No Change in rate)								



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

Tallahassee, Florida 32308

Ru	ral Heal	th Care -	Keystone Family Med. Center		Pro	vider	Number :	029543405			
					Da	te : 10	0/04/2019				
P.C	D. Box 8	17		Fiscal Year End : N/A							
Pa	latka, Fl	32178			Aud	dit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic						'		
		Swing-l	Bed Provider								
	X	Federal	lly Qualified Health Centers				128.16	130.08	10/01/2019		
		Hospic	e Provider								
		#65 <sup>-</sup>	1 / H51 Routine Home Care (1-60)					,			
		#65 <sup>-</sup>	1a / H5L Routine Home Care (61 +	+)							
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Ba	sis :	]	Rate	Тур	e :	7				
ן נ			Budget		X		⊐ Prospecti	ive			
-			Unaudited costs				– Total Pro	spective			
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
-			Medicare - Prospective				- Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cos	ts		
			Alachua				_				
	Distr	ibution:		V	V.Ry	dell S	Samuel, Ad	ministrator M	z		
	Fiscal	Agent						ursement Analy	rsis		
	Contra	act Mana	gement					•			
	Perma	anent File	)								
	Program Development:										
		For in	formation Only (No Change in rate)								



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

Tallahassee, Florida 32308

Ru	ral Heal	th Care -	Hawthorne Family Med. Center		Pro	ovider	Number :	029543406	
					Da	te : 10	0/04/2019		
P.C	D. Box 8	17			Fis	cal Y	ear End : N	I/A	
Pa	latka, Fl	32178			Au	dit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-l	Bed Provider						
	X	Federal	lly Qualified Health Centers				128.16	130.08	10/01/2019
		Hospic	e Provider						
		#65 <sup>-</sup>	1 / H51 Routine Home Care (1-60)					,	
		#65 <sup>-</sup>	1a / H5L Routine Home Care (61 +	<b>+</b> )					
		#05	51 / 0561 Continuous Home Care	- SIA					
		#65	5 / H55 Inpatient Respite Care						
		#650	6 / H56 General Inpatient Care						
		#659	9 Room and Board						
ſ	Ва	sis :	]	Rate	Тур	e :	7		
ן נ			Budget		X		⊐ Prospecti	ive	
-			Unaudited costs				– Total Pro	spective	
-			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
-			Medicare - Prospective				- Interim		
		Χ	Payment System Rate	-			Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cos	ts
			Alachua				_		
	Distr	ibution:		V	V.Ry	dell S	Samuel, Ad	ministrator M	z
	Fiscal Agent	_				ursement Analy	rsis		
	Contra	act Mana	gement					•	
	Perma	anent File	)						
	Program Development:								
		For in	formation Only (No Change in rate)	)					



029543411 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Modicala Rollingar comoner of Bio	m rates is	<u> </u>	J.1. 11.1C	, intational	TOTIGOTO			
Ru	ral Health Care	- Family Med & Dental Ctr - Elm Stre	eet	Pr	ovide	Number :	029543411			
				Date: 10/04/2019						
P.C	). Box 817			Fis	scal Y	ear End : N	I/A			
Pal	atka, FL 32177	,		Αι	ıdit St	atus : N/A				
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				128.16	130.08	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rate	е Ту	pe:	7				
<b>ַ</b>		Budget		Х		⊐ Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs	-			_				
-		Medicare - Prospective				 Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Putnam								
	Distribution	<u>.                                    </u>		W.R	ydell S	Samuel, Ad	ministrator #	~		
	Fiscal Agent	-		-		ursement Analys	sis			
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



029543413 - 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

		-	Medicaid Neillibursement Fer Di	em Nates n	<u> </u>	INOII	-iiiStitut	<u>ionai i</u>	TOVILLE S		
Rural Health Care, Inc.						Provi	ovider Number : 029543413				
Eastside Family Dental Center Da						Date	te: 10/04/2019				
PO Drawer 817						Fisca	al Year E	nd : N	/A		
Pal	atka, FL	. 321780	0817		4	Audit	dit Status : N/A				
Pro	vider T	уре:				С	urrent F	Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				1	28.16	130.08	10/01/2019	
		Hospic	e Provider								
		#65	#651 / H51 Routine Home Care (1-60)								
		#65	1a / H5L Routine Home Care (61	+)							
#652 / H52 Continuous Home Care											
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :	]	Rat	e T	Гуре	:				
•			Budget		Х	(	Pro	specti	ve		
-			Unaudited costs				Total Prospective				
			Desk audited costs	s			Prospective Adjusted for New co		New costs		
-			Field audited costs	-							
_			Medicare - Prospective				Inte	Interim			
_	,	X Payment System Rate			Total Interim						
			Average Nursing Home Rate				Se	ttleme	nt based on cost	s	
			Alachua								
	Distri	Distribution:				.Ryde	ydell Samuel, Administrator				
	Fiscal						icaid Cost Reimbursement Analysis				
	Contract Management								•		
	Perma	anent File	Э								
	Progra	am Deve	lopment:								



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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

			Wedicaid Keimbursement Fer	Dieili Nates 10	1 140	<u> </u>	itutionai	FIOVILLEIS			
Rural Health Care Corp					Provider Number : 029543414						
Family Medical & Dental Centers						ute: 10/04/2019					
PO Box 817						cal Ye	ar End : N	I/A			
Palatka, FL 32178					Audit Status : N/A						
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X Federally Qualified Health Centers						128.16	130.08	10/01/2019		
	Hospice Provider										
		#651 / H51 Routine Home Care (1-60)							,		
		#6	51a / H5L Routine Home Care (	61 +)							
		#6	52 / H52 Continuous Home Car	е							
		#0	551 / 0561 Continuous Home C	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care	•							
		#6	59 Room and Board								
[	Basis:			Rate	Тур	oe :	]				
٠			Budget		Х		Prospect	ive			
•			Unaudited costs			Total Prospective					
			Desk audited costs			Prospective Adjusted for New costs					
			Field audited costs				-				
			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Interim					
			Average Nursing Home Rate St Johns				Settleme -	nt based on cost	s		
	Distr	ibution	<u>:</u>		V.Ry	/dell S	amuel, Ad	ministrator #			
Fiscal Agent				<u></u>	Medicaid Cost Reimbursement Analysis						
	Contr	act Mana	agement					•			
	Perm	anent Fil	le								
	Progr	am Deve	elopment:								



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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

		-	Medicaid Reimbursement Per L	<u>Jiem Rates for </u>	NON	<u>ı-ınstitutionai</u>	<u>Providers</u>				
Ru	ral Healt	th Care I	nc		Prov	rovider Number : 029543416					
Fa	mily Med	dical & D	ental - Clay Co.		Date	ate: 10/04/2019					
PC	Box 81	7			Fisc	al Year End : N	I/A				
Pa	latka, FL	32178			Aud	it Status : N/A					
Pre	ovider T	уре:			(	Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers			128.16	130.08	10/01/2019			
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-6	60)							
		#65	61a / H5L Routine Home Care (6 <sup>2</sup>	1 +)							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :	]	Rate	Туре	e :					
'			Budget		X	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
•			Field audited costs								
			Medicare - Prospective			Interim					
	,	X	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	ts			
•			Clay								
	Distri	ibution:	<u> </u>		V.Rvc	dell Samuel, Ad	ministrator				
	Fiscal	Agent					oursement Analy				
	Contra	act Mana	agement								
	Perma	anent File	е								
	Progra	am Deve	elopment:								



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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**

		-	modicala Rombal comont i oi bi	om rates re	1 14	<u> </u>	<u> </u>	10110010			
Ru	ral Healt	h Care I	nc.		Pr	ovider	ovider Number : 029543418				
Fa	mily Med	dical & D	ental Ctrs - Green Cove		Da	ate : 10	/04/2019				
PC	Box 81	7			Fis	scal Ye	ear End : N	I/A			
Pa	latka, FL	. 321780	0817		Αι	udit Sta	itus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				128.16	130.08	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60	)				,			
		#65	i1a / H5L Routine Home Care (61	+)							
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :		Rate	• Ту	pe:					
			Budget		Χ		Prospecti	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospecti	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
	)	X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Clay								
	Distri	bution	<u>:</u>	1	N.R	vdell S	amuel, Ad	ministrator #	·		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	elopment:								



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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

Rural Health Car Azelea Health - I 1302 River St Palatka, Fl 3217	Palm Coast	D F	rovider Number : ate : 10/04/2019 iscal Year End :						
1302 River St		F							
	77		iscal Year End :						
Palatka, Fl 3217	7	Δ							
			udit Status : N/A						
Provider Type:			Current Rate	New Rate	Effective Date				
Rura	al Health Clinic								
Swi	ng-Bed Provider								
X Fed	erally Qualified Health Centers		128.10	130.08	10/01/2019				
Hos	pice Provider								
#	#651 / H51 Routine Home Care (1-6	0)							
#	#651a / H5L Routine Home Care (61	l <b>+</b> )							
į	#652 / H52 Continuous Home Care								
į	#0551 / 0561 Continuous Home Car	e - SIA							
;	#655 / H55 Inpatient Respite Care								
;	#656 / H56 General Inpatient Care								
;	#659 Room and Board								
Basis :		Rate Ty	/pe :						
	Budget	X	Prospec	tive					
	Unaudited costs		Total Pr	ospective					
	Desk audited costs		Prospec	tive Adjusted for	New costs				
	Field audited costs								
	Medicare - Prospective		Interim						
X	Payment System Rate		Total Int	erim					
	Average Nursing Home Rate Flagler		Settleme	ent based on cost	s				
<u>Distribution</u>	on:	W.F	Rydell Samuel, A	dministrator #	?				
Fiscal Ager	t	Me	dicaid Cost Reim	bursement Analys	sis				
Contract Ma	anagement								
Permanent	File								
Program De	evelopment:								



029543424 - 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

			<u> Medicaid Reimbursement Per L</u>	Jiem Rates for	NON-	institutionai	<u>Providers</u>				
Ru	ral Hea	Ith Care			Provid	Provider Number : 029543424					
Az	alea He	alth - Sta	ate Road		Date	Date: 10/04/2019					
РС	Box 81	17			Fisca	I Year End : N	I/A				
Pa	latka, F	L 32178	-0817		Audit	Status : N/A					
Pro	ovider 7	Туре:			Cı	urrent Rate	New Rate	Effective Date			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	Х	Federa	ally Qualified Health Centers			128.16	130.08	10/01/2019			
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	50)							
		#6	51a / H5L Routine Home Care (6	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Ca	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
[	Ва	asis :	7	Rate	Туре	: ]					
١			Budget		X	 Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
•			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	is			
•			St Johns								
	Distr	ribution	<u>.</u>		/.Rvde	ell Samuel, Ad	Iministrator	~			
	Fisca	l Agent					oursement Analys				
	Contr	ract Man	agement								
	Perm	anent Fil	e								
	Progr	ram Deve	elopment:								



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

Tallahassee, Florida 32308

	-	Medicald Neillibursement Fer Die	III IVales IOI IV	1011-1113	litutionai	FIOVIU <del>CIS</del>	
Ru	Rural Health Care- Azalea Health Dunn Avenue		Р	rovider	Number :	029543427	
			D	ate : 10	0/04/2019		
14	55 Dunn Avenue		F	iscal Ye	ear End : N	I/A	
Da	ytona Beach, FL	32114-1437	Α	udit Sta	atus : N/A		
Pre	ovider Type:			Curr	ent Rate	New Rate	Effective Date
	Rural H	Health Clinic					
	Swing-	Bed Provider					
	X Federa	Ily Qualified Health Centers			128.16	130.08	10/01/2019
	Hospic	e Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	i1a / H5L Routine Home Care (61 +	)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	66 / H56 General Inpatient Care					
	#65	9 Room and Board					
	Basis :	7	Rate Ty	/pe :	7		
Į		_l Budget	X	•	⅃ Prospect	ive	
		Unaudited costs			_ Total Pro	spective	
•		Desk audited costs			– Prospect	ive Adjusted for	New costs
•		Field audited costs			_		
•		– Medicare - Prospective			- Interim		
	X	Payment System Rate			- Total Inte	erim	
٠		Average Nursing Home Rate			- Settleme	nt based on cost	s
•		- Alachua			_		
	<u>Distribution:</u>	<u>_</u>	W F	Rvdell S	Samuel Ad	ministrator #	<u> </u>
	Fiscal Agent					ursement Analys	 sis
	Contract Mana	agement					
	Permanent File	e					
	Program Deve	elopment:					
	For ir	nformation Only (No Change in rate)					



029543429 - 2019/10

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

	Medicaid Reimbursement Per L				tes for N	on-ins	<u>titutionai i</u>	<u>Providers</u>				
Aza	alea He	alth			Pi	ovider Number : 029543429						
Aza	alea He	alth Dunr	n Ave		Da	ate: 10/04/2019						
142	25 Dunr	Ave			Fi	scal Ye	ear End : N	I/A				
Da	ytona B	each, FL	32114		Aı	udit Sta	itus : N/A					
Pro	vider 1	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				128.16	130.08	10/01/2019			
		Hospic	e Provider									
		#65	11 / H51 Routine Home Care (1-6	0)								
		#65	i1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Car	e - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Ва	sis :	1		Rate Ty	pe:	]					
٠			Budget		Х		Prospecti	ive				
-			Unaudited costs				Total Pro	spective				
-			Desk audited costs				Prospecti	ive Adjusted for	New costs			
•			Field audited costs				_					
•			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate Alachua	_			Settleme	nt based on cost	s			
	Distr	ibution	<u>.</u>		W.R	ydell S	amuel, Ad	ministrator				
	Fiscal Agent			Med	licaid C	ost Reimb	ursement Analys	sis				
		act Mana	-									
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									



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Tallahassee, Florida 32308

		Medicaid Kellibursellielit Fer Dieli	i Nates IOI	NOIL	-iiistitutioiiai	FIOVIUEIS				
Mia	ami Beach Community Health Center - Stanley C. Myers			Prov	Provider Number : 029544200					
				Date	ate: 10/04/2019					
710	Alton Road			Fisca	al Year End : N	I/A				
Mia	ımi, FL 33139			Audit	t Status : N/A					
Pro	vider Type:			С	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			136.07	138.11	10/01/2019			
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care -	SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
٦	Basis :	7	Rate	Туре	:					
L		I Budget		X	I Prospect	ive				
-		Unaudited costs			Total Pro	spective				
-		Desk audited costs			Prospect	ive Adjusted for	New costs			
-		Field audited costs								
-		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
-		Average Nursing Home Rate			Settleme	nt based on cost	ts			
_		Dade								
	Distribution	I <u>::</u>	V	V.Ryd	ell Samuel, Ad	Iministrator #	~			
	Fiscal Agent		_			oursement Analys	sis			
	Contract Man	agement				·				
	Permanent Fi	le								
	Program Deve	elopment:								
	For	information Only (No Change in rate)								



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

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

Mia	ami Beach	Community Health Center - Beverly Press	•	Pro	ovider Number : 029544201				
				Dat	ate: 10/04/2019				
710	Alton Ro	pad		Fis	cal Ye	ar End : N	/A		
Mia	ami, FL 3	3139		Aud	dit Sta	tus : N/A			
Pro	ovider Ty	pe:			Curre	ent Rate	New Rate	Effective Date	
		Rural Health Clinic							
		Swing-Bed Provider							
	X	Federally Qualified Health Centers				136.07	138.11	10/01/2019	
		Hospice Provider							
		#651 / H51 Routine Home Care (1-60)							
		#651a / H5L Routine Home Care (61 +	-)						
		#652 / H52 Continuous Home Care							
		#0551 / 0561 Continuous Home Care	- SIA						
		#655 / H55 Inpatient Respite Care							
		#656 / H56 General Inpatient Care							
		#659 Room and Board							
	Basi	s:	Rate	Тур	e :	]			
		Budget		X		Prospecti	ve		
•		Unaudited costs				- Total Pro	spective		
•		Desk audited costs				- Prospecti	ve Adjusted for	New costs	
•		Field audited costs				-			
•		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	rim		
•		Average Nursing Home Rate				Settleme	nt based on cost	is	
•		 Dade				-			
	<u>Distr</u> ik	pution:		V.Rv	dell S	amuel. Ad	ministrator #	~	
	Fiscal A	Agent	_				ursement Analys	sis	
	Contrac	ct Management							
	Permar	nent File							
	Prograr	m Development:							



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			14.50 10		0				
Mia	ami Beach Com	munity Health Center - Nanay Health Ce	nter	Pro	rovider Number : 029544207				
				Da	te : 10	)/04/2019			
710	O Alton Road			Fis	cal Ye	ear End : N	I/A		
Mia	ami, FL 33139			Au	dit Sta	atus : N/A			
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				136.07	138.11	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +)							
	#6								
	#0	IA							
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate	Тур	ре :	]			
'		Budget		Х		Prospect	ive		
•		Unaudited costs				Total Pro	spective		
•		Desk audited costs				- Prospect	ive Adjusted for	New costs	
•		Field audited costs				_			
•		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
•		Average Nursing Home Rate				Settleme	nt based on cost	ts	
-		Dade							
	Distribution	<u>.                                    </u>	\	۷.R	/dell S	Samuel, Ad	ministrator #	~	
	Fiscal Agent		_				ursement Analy	sis	
	Contract Man	agement					ĺ		
	Permanent Fi	le							
	Program Dev	elopment:							
	For	information Only (No Change in rate)							



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

			Medicald Reillibursement Fer	Dieili Males IU	1 14	011-1113	litutional	I IOVIGEIS			
Mia	ami Bea	ch Comr	n Health Center - North Suite 309	9	Pr	rovider	vider Number : 029544214				
					Da	ate : 10	0/04/2019				
110	645 Bisc	ayne Bl	vd, Suite 207		Fi	scal Ye	ear End : N	I/A			
Mia	ami, FL	331813 <sup>2</sup>	138		Αι	udit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing	Bed Provider								
	X	Federa	Illy Qualified Health Centers				136.07	138.11	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-	60)							
		61 +)									
		#65	52 / H52 Continuous Home Care	•							
		#05	551 / 0561 Continuous Home Ca	are - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rate	Ту	pe:	7				
Ì			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
_		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	S		
			Dade								
	Distr	ibution	<u>.</u>	\	V.R	ydell S	Samuel, Ad	ministrator #	·		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent Fil	e								
	Progra	am Deve	elopment:								



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Tallahassee, Florida 32308

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

		-	modicala Rombarcomone For Bre	om ratoo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	T TO VIGOTO		
Mia	ami Bea	ich Comr	n Health Ctr - North Suite 301, 305	and 307	Pro	Provider Number : 029544215				
					Da	te:10	/04/2019			
116	645 Bis	cayne Blv	d, Suite 207		Fis	cal Ye	ear End : N	I/A		
Mia	ami, FL	3318131	138		Au	dit Sta	itus : N/A			
Pro	ovider 7	Гуре:				Curre	ent Rate	New Rate	Effective Date	
		Rural I	Health Clinic							
		Swing-	Bed Provider							
	X	Federa	Ily Qualified Health Centers				136.07	138.11	10/01/2019	
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-60)	)						
		#65	i1a / H5L Routine Home Care (61	+)						
		#65	2 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	- SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
[	Ва	ısis :	7	Ra	te Typ	oe :	]			
٠			Budget		Х		Prospect	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
-			Field audited costs				_			
-			Medicare - Prospective				Interim			
_		Χ	Payment System Rate				Total Inte	erim		
_			Average Nursing Home Rate				Settleme	nt based on cost	S	
			Dade							
	Distr	ibution	<u>:</u>	<u> </u>	W.R	/dell S	amuel. Ad	ministrator #	,	
	Fisca	l Agent						ursement Analys	sis	
	Contr	act Mana	agement					<b>,</b>		
	Perm	anent Fil	е							
	Program Development:									



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Tallahassee, Florida 32308

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

		-	Medicaid Keillibursellielit Fer Die	eiii ivales io	1 140	011-11131	ilulionai	FIOVILLEIS	
Mi	ami Bea	ch Comn	n Health Ctr - North Suite 308		Pr	ovider	Number :	029544217	
					Da	ate : 10	/04/2019		
11	645 Bisc	ayne Blv	d, Suite 207		Fis	scal Ye	ear End : N	I/A	
Mi	ami, FL	3318131	38		Αι	udit Sta	itus : N/A		
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				136.07	138.11	10/01/2019
		Hospic	e Provider						
		#65	11 / H51 Routine Home Care (1-60)	)				,	
		#65	1a / H5L Routine Home Care (61	+)					
		#05	51 / 0561 Continuous Home Care	- SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :	7	Rate	Ту	pe :			
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Dade						
	Distr	<u>ibution:</u>	<u> </u>	<u> </u>	V.R	ydell S	amuel, Ad	ministrator #	~
	Fiscal	Agent		_				ursement Analys	sis
	Contr	act Mana	agement					,	
	Perma	anent File	е						
	Progr	am Deve	lopment:						



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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		•	modicala Rollingaroomone i or bi	om natoo n	<u> </u>	011 1110	<u> </u>	TO VIGOTO		
Mia	iami Beach Community Hlth Ctr- Biscayne Blvd				Pr	ovider	Number :	029544220		
					Da	ate : 10	te: 10/04/2019			
11	645 Bisc	ayne Bl	vd		Fis	scal Ye	cal Year End : N/A			
No	rth Mian	ni, FI 33	181		Αι	udit Sta	itus : N/A			
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural I	Health Clinic							
		Swing	-Bed Provider							
	X	Federa	ally Qualified Health Centers				136.07	138.11	10/01/2019	
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1-60	))					,	
		#65	51a / H5L Routine Home Care (61	+)						
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	e - SIA						
		#65	55 / H55 Inpatient Respite Care							
#656 / H56 General Inpatient Care										
		#65	59 Room and Board							
	Ва	sis :		Rat	е Ту	pe:				
			Budget		Х		Prospect	ive		
			Unaudited costs				Total Pro	spective		
			Desk audited costs				Prospect	ive Adjusted for	New costs	
			Field audited costs				_			
			Medicare - Prospective				Interim -			
		Х	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	ts	
			Dade							
	Distr	ibution	<u>:</u>	<u> </u>	W.R	vdell S	amuel. Ad	ministrator #	ζ	
	Fiscal	Agent						ursement Analy	 sis	
	Contr	act Mana	agement							
	Perma	anent Fil	е							
	Progr	am Deve	elopment:							



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Tallahassee, Florida 32308

				<u> </u>		.cao.ia				
Mia	liami Beach Comm Hlth Ctr-N Miami			Provider Number : 029544222						
				С	Date :	Pate: 10/04/2019				
116	645 Biscayne Bl	vd		F	iscal	scal Year End : N/A				
No	rth Miami, Fl 33	181		Δ	Audit S	Status : N/A				
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				136.07	138.11	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	-)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rat	e T	ype :	$\overline{}$				
L		 Budget		X		— Prospect	ive			
-		Unaudited costs				— Total Pro	spective			
-		Desk audited costs				— Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cos	ts		
-		Duval								
	Distribution			W.F	Rydell	Samuel, Ad	ministrator #	2		
	Fiscal Agent						oursement Analy	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
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Tallahassee, Florida 32308

				<u> </u>		oallonar				
Mia	Miami Beach Community Health Center				Provider Number : 029544224					
					Date	ate: 10/04/2019				
116	645 Biscayne Bl	vd		F	isca	l Year End : N	I/A			
Mia	ami, FL 33181			A	Audit	Status : N/A				
Pro	ovider Type:				C	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				136.07	138.11	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :	7	Rat	e T	уре	:				
<u></u>		Budget		Х		Prospect	ive			
-		Unaudited costs				 Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	ts		
-		Dade								
	Distribution			W.	Ryde	ell Samuel, Ad	ministrator #	2		
	Fiscal Agent						ursement Analy	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



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		-	Medicald Neillibursement Fer Die	III Nates IO	INC	<u>///-///3</u>	ututionari	FIOVILLEIS		
Со	mmunity	Health	Centers, Inc.		Provider Number : 029545100					
					Da	ate: 10/04/2019				
P.C	). Box 1	249			Fis	cal Ye	ear End : N	I/A		
Ар	opka, FL	32704			Au	dit Sta	atus : N/A			
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic					,		
		Swing-	Bed Provider							
	X	Federa	Illy Qualified Health Centers				147.15	149.36	10/01/2019	
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-60)							
		#65	51a / H5L Routine Home Care (61 +	)						
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	- SIA						
	#655 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
ſ	Bas	sis :	7	Rate	Tvr	 эе :	1			
L			_l Budget		X		J −Prospecti	ive		
-			Unaudited costs				_ Total Pro	spective		
-			Desk audited costs				- Prospecti	ive Adjusted for	New costs	
-			Field audited costs				_			
-			Medicare - Prospective	•			- Interim			
	2	X	Payment System Rate				Total Inte	erim		
-			Average Nursing Home Rate				Settleme	nt based on cost	S	
-			Orange				_			
	Distri	bution	<u> </u>	V	۷.R۱	/dell S	Samuel. Ad	ministrator #	,	
	Fiscal	Agent		_				ursement Analys	sis	
	Contra	act Mana	agement					,		
	Perma	anent File	е							
	Progra	am Deve	elopment:							
		For i	nformation Only (No Change in rate)							



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Tallahassee, Florida 32308

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

	•	Medicaid Neilliburseillent Fer L	<u> </u>	<u> </u>	<u>Jii-iii5titutioiiai</u>	FIOVILIEIS				
Communi	ty Health	Centers, Inc Winter Garden Child	d Hlth	Pr	ovider Number : 029545108					
WG Child	rens Heal	th		Da	te: 10/04/2019					
P.O. Box	2329			Fis	scal Year End : N	N/A				
Apopka, F	FL 32704			Αι	udit Status : N/A					
Provider	Туре:				Current Rate	New Rate	Effective Date			
	Rural H	Health Clinic								
	Swing-	Bed Provider								
Х	Federa	Illy Qualified Health Centers			147.15	149.36	10/01/2019			
	Hospic	ce Provider								
	#651 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (6	1 +)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Ca	re - SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	66 / H56 General Inpatient Care								
	#65	9 Room and Board								
В	asis :	]	F	Rate Ty	pe:					
		Budget		Х	Prospective					
		Unaudited costs			Total Pro	Total Prospective				
		Desk audited costs			Prospect	Prospective Adjusted for New costs				
		Field audited costs								
		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	ent based on cost	S			
		Orange								
Dist	ribution	<u>.</u>		W.R	ydell Samuel, Ad	dministrator #	<u> </u>			
Fisca	al Agent				-	oursement Analys	sis			
Cont	tract Mana	agement				,				
Perm	nanent Fil	е								
Prog	ıram Deve	elopment:								



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

		•	Modicala Rombarcomont For	Dioiii itate	<del>, , , , , , , , , , , , , , , , , , , </del>	<i>,,,,,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,	uiioiiui	<u> TOTIGOTO</u>			
Со	mmunity	mmunity Health Centers - Southlake Fmly Hlth				Provider Number: 029545110					
So	uthlake	Family H	lealth		Da	ate: 10/04/2019					
P.C	D. Box 2	329			Fis	scal Ye	ar End : N	I/A			
Ар	opka, Fl	_ 32704			Au	ıdit Sta	itus : N/A				
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing-	-Bed Provider								
	X	Federa	ally Qualified Health Centers				147.15	149.36	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1	-60)					ı		
		#65	51a / H5L Routine Home Care (	(61 +)							
		#65	52 / H52 Continuous Home Car	·e							
		#05	551 / 0561 Continuous Home C	are - SIA							
		#65	55 / H55 Inpatient Respite Care	<b>.</b>							
		#65	56 / H56 General Inpatient Care	)							
		#65	59 Room and Board								
[	Ва	sis :			Rate Ty <sub>l</sub>	pe:	]				
			Budget		Х		Prospect	ive			
•			Unaudited costs				- Total Pro	spective			
•			Desk audited costs				- Prospect	ive Adjusted for	New costs		
•			Field audited costs				-				
•			Medicare - Prospective			Interim					
		X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
•			Orange				-				
	Distr	ibution	<u>:</u>		W.R	vdell S	amuel. Ad	ministrator #	,		
		Agent						oursement Analys	sis		
	Contr	act Mana	agement								
	Perma	anent Fil	е								
	Progr	am Deve	elopment:								



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

Community Health Centers - Winter Garden Fmly Hlth	Provider Number : 029545111
WG Family Health Center	Date: 10/04/2019
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	147.15	149.36	10/01/2019
	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)			
	#651a / H5L Routine Home Care (61 +)			
	#652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#655 / H55 Inpatient Respite Care			
	#656 / H56 General Inpatient Care			
	#659 Room and Board			

Basis :	]	Rate Type :	]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	- Orange		-

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate

 $W. Rydell \ Samuel, \ Administrator$ 

A

Medicaid Cost Reimbursement Analysis



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		Medicaid Reimbursement Per D	iem Rate	es tor No	<u>on-Institutional</u>	<u>Providers</u>			
Со	mmunity Health	Centers - Leesburg		Pr	ovider Number : 029545112				
Le	esburg Commu	nity		Da	ate: 10/04/2019				
Ρ.(	O. Box 2329			Fis	scal Year End : N/A				
Ар	opka, FL 3270	4		Αι	ıdit Status : N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	X Feder	ally Qualified Health Centers			147.15	149.36	10/01/2019		
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60	0)			<u>'</u>			
	#6	51a / H5L Routine Home Care (61	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Car	e - SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :	7		Rate Ty	pe:				
		Budget		Х	Prospec				
•		Unaudited costs			Total Pr	ospective			
•		Desk audited costs			Prospec	Prospective Adjusted for New costs			
•		Field audited costs							
•		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Int	erim			
•		Average Nursing Home Rate			Settlement based on costs				
•		 Orange							
	Distribution	<u>ı:</u>		W.R	ydell Samuel, A	dministrator #	7		
	Fiscal Agent				•	bursement Analy			
	Contract Management					·			
	Permanent File								
	Program Dev	elopment:							



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

		•	Modicala Rombarcomont For	Dioini itali	00 101 140	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	titutiona.	<u> TOVIGOTO</u>		
Со	mmunity Health Centers - Apopka Fmly Hlth				Provider Number : 029545113					
Ар	opka Fa	mily Hea	alth		Da	ate: 10/04/2019				
Р.(	D. Box 2	329			Fis	scal Ye	ear End : N	I/A		
Ар	opka, Fl	_ 32704			Au	ıdit Sta	itus : N/A			
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural I	Health Clinic							
		Swing-	-Bed Provider							
	X	Federa	ally Qualified Health Centers				147.15	149.36	10/01/2019	
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1	-60)				1		
		#65	51a / H5L Routine Home Care (	(61 +)						
		#65	52 / H52 Continuous Home Car	·e						
		#05	551 / 0561 Continuous Home C	are - SIA						
		#65	55 / H55 Inpatient Respite Care	<b>.</b>						
		#65	56 / H56 General Inpatient Care	)						
		#65	59 Room and Board							
	Ва	sis :	7		Rate Ty <sub>l</sub>	pe:	]			
١			⊐ Budget		Х		Prospect	ive		
•			Unaudited costs				- Total Pro	spective		
•			Desk audited costs	-			- Prospect	ive Adjusted for	New costs	
•			Field audited costs				_			
•			Medicare - Prospective				Interim			
		Χ	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	s	
•			Orange				_			
	Distr	ibution	<u>:</u>		W.R <sup>1</sup>	ydell S	samuel, Ad	ministrator #	~	
Fiscal Agent Contract Management							oursement Analys	sis		
				-		-	,			
	Perma	anent Fil	е							
	Progra	am Deve	elopment:							



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		Modical Comparison on Dia	m ratoo re	1 140	JC	titutionai i	TOTIGOTO			
Со	mmunity Health	Centers, Inc Apopka Childrens Hlt	h	Provider Number : 029545114						
				Date: 10/04/2019						
P.C	D. Box 2329			Fis	scal Y	ear End : N	I/A			
Ар	opka, FL 32704	4		Au	ıdit Sta	atus : N/A				
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	<sub>J</sub> -Bed Provider								
	X Feder	ally Qualified Health Centers				147.15	149.36	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	тур	pe:	7				
<b>ן</b>		Budget		Χ		⊐ Prospect	ive			
•		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				_ Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Orange				_				
	Distribution		,	۷.R	ydell S	Samuel, Ad	ministrator #	~		
	Fiscal Agent		_				ursement Analys	sis		
	Contract Man	agement					·			
	Permanent Fi	ile								
	Program Dev	elopment:								
	For	information Only (No Change in rate)	)							



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		=	Medicaid Reimbursement Per D	<u>iem R</u>	ates for	<u>r Nor</u>	<u>ı-Insti</u>	itutional	<u>Providers</u>			
Со	mmunity	Health (	Centers, Inc Pine Hills			Provider Number : 029545115						
						Date	e : 10/	04/2019				
Р.С	D. Box 23	329			Fiscal Year End : N/A							
Ар	opka, FL	32704				Aud	audit Status : N/A					
Pro	ovider T	уре:					Curre	nt Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					147.15	149.36	10/01/2019		
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60	0)								
		#65	1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Car	e - SIA	4							
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :	]		Rate	Туре	e :					
,			Budget	-		Χ		Prospect	ive			
•			Unaudited costs					Total Pro	spective			
•			Desk audited costs					Prospect	ive Adjusted for	New costs		
			Field audited costs									
•			Medicare - Prospective					Interim				
	)	<	Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cost	rs		
-			Orange									
	Distri	bution:			V	V.Rvo	dell Sa	amuel, Ad	ministrator #	<u> </u>		
	Fiscal	Agent							ursement Analys	sis		
	Contra	ct Mana	gement					-	,			
	Perma	nent File	e									
	Progra	m Deve	lopment:									



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	Medicaid Reimbursement Per D	iem Rates fo	r Nor	n-Institutional	<u>Providers</u>				
Community Healt	h Centers - Lake Ellenor		Provider Number : 029545119						
			Date	e: 10/04/2019					
P.O. Box 2329			Fiscal Year End : N/A						
Apopka, FL 3270	04		Audit Status : N/A						
Provider Type:				Current Rate	New Rate	Effective Date			
Rura	l Health Clinic								
Swin	g-Bed Provider								
X Fede	erally Qualified Health Centers			147.15	149.36	10/01/2019			
Hosp	pice Provider								
#	651 / H51 Routine Home Care (1-6	0)							
#	651a / H5L Routine Home Care (61	l <b>+</b> )							
#	652 / H52 Continuous Home Care								
#	0551 / 0561 Continuous Home Car	e - SIA							
#	655 / H55 Inpatient Respite Care								
#	656 / H56 General Inpatient Care								
#	659 Room and Board								
Basis :		Rate	Э Тур	e :					
	Budget		Х	Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
X	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	is			
	Orange								
Distributio	<u>on:</u>		W.Ryo	dell Samuel, Ac	Iministrator #	?			
Fiscal Agent	t	_			oursement Analys	sis			
Contract Ma	nagement				.,				
Permanent l	File								
Program De	velopment:								



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

		-	Medicald Kellibursellielit Fer Die	em Nates ic	<u> </u>	1011-1113	titutionar	FIOVILLEIS			
Сс	mmunity	Health (	Centers, Inc.		Р	Provider Number : 029545121					
Аp	opka De	ntal			D	ate : 10	0/04/2019				
PC	Box 23	29			Fi	Fiscal Year End : N/A					
Аp	opka, FL	32704			Α	udit Sta	atus : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	Χ	Federa	lly Qualified Health Centers				147.15	149.36	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)				,			
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :		Rate	. Ty	/pe :	7				
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
	,	X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	S		
			Orange								
	Distri	bution:		<u> </u>	<i>N</i> .F	Rydell S	Samuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	e								
	Progra	am Deve	lopment:								



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

		-	Medicaid Reimbursement Per L	<u>nem Rates</u>	TOT NO	on-inst	<u>itutionai i</u>	<u>Providers</u>				
Со	ommunity Health Centers				Provider Number: 029545123							
Bitl	nlo Fam	ily Health	n Center		Da	Date: 10/04/2019						
РС	Box 23	29			Fis	Fiscal Year End : N/A						
Ар	opka, FL	32704			Audit Status : N/A							
Pro	vider T	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				147.15	149.36	10/01/2019			
		Hospic	e Provider									
		#65	i1 / H51 Routine Home Care (1-6	0)					,			
		#65	i1a / H5L Routine Home Care (6	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Ca	re - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Ba	sis :	]	Ra	ate Ty	pe :	]					
·			Budget		Х		Prospecti	ve				
•			Unaudited costs				Total Pro	spective				
-			Desk audited costs				Prospect	ve Adjusted for	New costs			
•			Field audited costs				<b>-</b>					
-			Medicare - Prospective				Interim					
_		X	Payment System Rate				Total Inte	rim				
-			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Orange									
	Distr	ibution:	<u> </u>		W.R	ydell S	amuel, Ad	ministrator	<u> </u>			
	Fiscal	Agent						ursement Analys				
	Contra	act Mana	agement					,				
	Perma	anent File	е									
	Progra	am Deve	elopment:									



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

		-	Medicaid Keiliburseillent Fer D	<u>/ICIII IX</u>	ales IUI	INC	<u>///-///3</u>	ututionari	TOVILLEIS				
Со	ommunity Health Centers Inc				Pro	Provider Number : 029545125							
Ме	adow W	oods Ch	ildrens Health Center			Da	ate: 10/04/2019						
110	) South	Woodlar	nd Street			Fis	iscal Year End : N/A						
Wii	nter Gar	den, FL	347873546			Au	Audit Status : N/A						
Pro	vider T	уре:					Curre	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic						ı				
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers					147.15	149.36	10/01/2019			
		Hospic	e Provider										
		#65	1 / H51 Routine Home Care (1-6	0)						,			
		#65	1a / H5L Routine Home Care (61	l <b>+)</b>									
		#65	2 / H52 Continuous Home Care										
		#05	51 / 0561 Continuous Home Car	e - SI	A								
	#655 / H55 Inpatient Respite Care												
		#65	66 / H56 General Inpatient Care										
		#65	9 Room and Board										
	Ba	sis :	7	$T \Gamma$	Rate	Тур	ре :	1					
<b>י</b>			Budget	-		Χ		Prospecti	ve				
-			Unaudited costs	-				Total Pro	spective				
-			Desk audited costs	-				Prospecti	ve Adjusted for	New costs			
-			Field audited costs	-				_					
-			Medicare - Prospective	-				Interim					
		X	Payment System Rate	-				Total Inte	rim				
-			Average Nursing Home Rate	-				Settleme	nt based on cost	s			
			Orange										
	Distr	ibution:	<u>.</u>		V	۷.R۱	/dell S	amuel. Ad	ministrator #	,			
		Agent							ursement Analys	 sis			
	Contra	act Mana	agement										
	Perma	anent File	е										
	Progra	am Deve	elopment:										



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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		-	Medicaid Reimbursement Per D	iem Rates foi	r No	<u>n-Insti</u>	tutional l	<u>Providers</u>			
Со	mmunit	y Health (	Centers-Tavares		Pro	vider N	Number :	029545129			
					Dat	te : 10/	04/2019				
110	S Woo	odland St			Fisc	cal Yea	ar End : N	/A			
Wi	nter Ga	rden, FI	34787		Audit Status : N/A						
Pro	ovider T	Гуре:				Curre	nt Rate	New Rate	<b>Effective Date</b>		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				147.15	149.36	10/01/2019		
		Hospic	e Provider								
		#65	11 / H51 Routine Home Care (1-60	0)							
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Car	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	nsis :	1	Rate	Тур	e :					
•			Budget		Х		Prospect	ve			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ve Adjusted for	New costs		
			Field audited costs								
•			Medicare - Prospective				Interim				
_		Χ	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
-			Lake								
	Distr	ribution:	:	_I	V.Ry	dell Sa	ımuel, Ad	ministrator	~		
	Fisca	l Agent						ursement Analys			
	Contr	act Mana	agement					•			
	Perm	anent File	Э								
	Progr	ram Deve	lopment:								



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		<u> </u>	ursement Per Di	em Rates for	NON-I	nstitutionai	<u>Providers</u>				
Со	mmunity	Health Centers-Orlando			Provider Number : 029545131						
					Date:	: 10/04/2019					
110	S Wood	land St			Fiscal	Year End : N	I/A				
Wii	nter Gard	en, Fl 34787			Audit	Status : N/A					
Pro	vider Ty	pe:			Cı	urrent Rate	New Rate	Effective Date			
		Rural Health Clinic									
		Swing-Bed Provider									
	X	Federally Qualified Hea	Ith Centers			147.15	149.36	10/01/2019			
		Hospice Provider									
		#651 / H51 Routine	Home Care (1-60	)							
		#651a / H5L Routine	Home Care (61	+)							
		#652 / H52 Continue	ous Home Care								
		#0551 / 0561 Contin	uous Home Care	- SIA							
		#655 / H55 Inpatient	Respite Care								
		#656 / H56 General	Inpatient Care								
		#659 Room and Boa	ard								
ſ	Bas	s:		Rate	Type :	 :					
١.		Budget		,	X	 Prospect	ive				
-		Unaudited costs	3			Total Pro	spective				
-		Desk audited co	osts			Prospect	ive Adjusted for	New costs			
-		Field audited co	sts								
•		Medicare - Pros	pective			Interim					
	Х	Payment Syster	n Rate			Total Inte	erim				
-		Average Nursin	g Home Rate			Settleme	nt based on cost	ts			
-		Ora	ange								
	Distrik	oution:		IW	/.Rvde	II Samuel, Ac	Iministrator #				
	Fiscal A	agent					oursement Analy	sis			
	Contrac	t Management					<b>,</b>				
	Permar	ent File									
	Prograi	n Development:									
		_ For information Only (I	No Change in rate	·)							



029547700 - 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

		-	Medicaid Neilliburseillent Fer Die	ili ivales i	<u> </u>	INOI	<u> </u>	itutionai i	TOVIGEIS			
Th	omas E.	Langley	Medical Center			Prov	Provider Number : 029547700					
						Date	ate: 10/04/2019					
14:	25 S. U.S	6. Hwy 3	01			Fisc	Fiscal Year End : N/A					
Su	mterville	, FL 335	85			Aud	Audit Status : N/A					
Pre	ovider T	ype:				(	Curre	nt Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					135.15	137.18	10/01/2019		
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)									
		#65	1a / H5L Routine Home Care (61 -	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	- SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :		Rat	e 1	Турє	<b>:</b>					
•			Budget		χ	X		Prospecti	ve			
			Unaudited costs					Total Pro	spective			
·			Desk audited costs					Prospecti	ve Adjusted for I	New costs		
·			Field audited costs									
•			Medicare - Prospective					Interim				
	)	<	Payment System Rate					Total Inte	rim			
			Average Nursing Home Rate					Settleme	nt based on cost	S		
			Sumter									
	Distri	bution:			W	/.Ryc	dell Sa	amuel, Ad	ministrator #			
	Fiscal	Agent							ursement Analys	sis		
	Contra	ct Mana	gement						,			
	Perma	nent File	9									
	Progra	ım Deve	lopment:									



029547702 - 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

		•	Medicald Kellibursellient Fer	Dieili Nates 10	<u> </u>	011-1113	ututionar	IOVIUEIS			
Fai	mily Med	dical Cer	nter at the Shores		Provider Number : 029547702						
					D	ate : 10	0/04/2019				
142	25 S. U.	S. Hwy 3	301		Fi	Fiscal Year End : N/A					
Su	mterville	, FL 33	585		Αı	udit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	Health Clinic					ı			
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				135.15	137.18	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-	60)					,		
		#65	51a / H5L Routine Home Care (6	61 +)							
		#65	52 / H52 Continuous Home Care	)							
		#05	551 / 0561 Continuous Home Ca	are - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :		Rate	Ту	pe :	]				
•			Budget		Х		Prospect	ve			
•			Unaudited costs	· ·			Total Pro	spective			
			Desk audited costs				Prospect	ve Adjusted for	New costs		
			Field audited costs				_				
-			Medicare - Prospective				Interim				
_	,	X	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	S		
			Sumter								
	Distri	ibution	<u>.</u>		V.R	Rydell S	Samuel, Ad	ministrator #			
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent Fil	е								
	Progra	am Deve	elopment:								



029547709 - 2019/10

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Tallahassee, Florida 32308

Medicald Reinibulsement Fel Diem Rates	01 11	OII-IIIS	titutionai i	10VIUCIS				
Project Health	Provider Number : 029547709							
	D	Date: 10/04/2019						
1425 US Hwy 301	F	iscal Y	ear End : N	/A				
Sumterville, FL 33585	A	udit St	atus : N/A					
Provider Type:		Curr	ent Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers			135.15	137.18	10/01/2019			
Hospice Provider								
#651 / H51 Routine Home Care (1-60)								
#651a / H5L Routine Home Care (61 +)								
#652 / H52 Continuous Home Care								
#0551 / 0561 Continuous Home Care - SIA								
#655 / H55 Inpatient Respite Care								
#656 / H56 General Inpatient Care								
#659 Room and Board								
Basis:	te Ty	me :	7					
Budget	X	р .	_l Prospecti	ve				
Unaudited costs			–					
Desk audited costs			_	ve Adjusted for I	New costs			
Field audited costs			- '	•				
Medicare - Prospective			– Interim					
X Payment System Rate			– Total Inte	rim				
Average Nursing Home Rate			– Settleme	nt based on cost	S			
Citrus			_					
Distribution:	۱۸/ ۵	ovdoll 9	Samuel, Ad	ministrator #	<u> </u>			
Fiscal Agent				ursement Analys	eie			
Contract Management	IVIC	ilodiu (	JOSE INGILLID	arsoment Analys	ЛO			
Permanent File								
Program Development:								
For information Only (No Change in rate)								



029547723 - 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

			Medicaid Neillibursement Fer Di	ieiii ivales ioi	INO	11-1115	itutionai	FIOVILLEIS				
Pro	roject Health Inverness				Provider Number : 029547723							
					Date: 10/04/2019							
15°	1 East F	lighland	Blvd		Fis	Fiscal Year End : N/A						
Inv	erness,	FL 3445	52		Aud	dit Sta	tus : N/A					
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural I	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	Illy Qualified Health Centers				135.15	137.18	10/01/2019			
		Hospic	ce Provider									
		#65	51 / H51 Routine Home Care (1-60	0)								
		#65	51a / H5L Routine Home Care (61	+)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Care	e - SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	56 / H56 General Inpatient Care									
		#65	59 Room and Board									
ſ	Ва	sis :	7	Rate	Тур	e:	]					
٠			Budget		Х		Prospect	ive				
-			Unaudited costs				Total Pro	spective				
-			Desk audited costs				Prospect	ive Adjusted for	New costs			
-			Field audited costs				_					
•			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cost	s			
•			Sumter				_					
	Distr	ibution	<u>:</u>	_I	V.Rv	dell S	amuel. Ad	ministrator #	,			
	Fisca	l Agent		_				ursement Analys	sis			
	Contr	act Mana	agement					·,				
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									



029547724 - 2019/10

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

Tallahassee, Florida 32308

				<del>-                                    </del>						
Project Health Langley Health Services				Provider Number : 029547724						
					Date: 10/04/2019					
314 South Line Avenue					iscal	Year End : N	I/A			
Inv	Inverness, FL 34452					Status : N/A				
Provider Type:					Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				135.15	137.18	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
		55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	]	Rat	e T	ype :	:				
<b>ַ</b>		Budget		Χ		 Prospect	ive			
-		Unaudited costs				Total Prospective				
-	Desk audited costs					Prospective Adjusted for New costs				
-		Field audited costs	-							
-	Medicare - Prospective					Interim				
X Payment Sys		Payment System Rate	Rate			Total Interim				
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
_		Sumter								
	Distribution	<u>:</u>		W.I	Ryde	II Samuel, Ad	ministrator #	~		
	Fiscal Agent Contract Management			Medicaid Cost Reimbursement Analysis						
							,			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029547727 - 2019/10

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

Tallahassee, Florida 32308

Project Health Lecanto					Provider Number : 029547727						
						Date: 10/04/2019					
512 N Lecanto Highway 491						Fise	cal Ye	ear End : N	/A		
Lecanto, FL 34461						Aud	dit Sta	atus : N/A			
Provider Type:							Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers					135.15	137.18	10/01/2019	
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)								
		#65	1a / H5L Routine Home Care (61 +	<b>+</b> )							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	asis :	]	F	Rate	Тур	e :	7			
L			Budget			X		⊐ Prospecti	ve		
-			- Unaudited costs					Total Prospective			
-			Desk audited costs					Prospect	ve Adjusted for	New costs	
-			Field audited costs					_			
-			Medicare - Prospective					- Interim			
		X	Payment System Rate					Total Inte	rim		
-			Average Nursing Home Rate					Settleme	nt based on cos	ts	
-			Sumter					_			
	Dist	ribution:			V	V.Ry	dell S	Samuel, Ad	ministrator #	ζ	
	Fiscal Agent Contract Management				Medicaid Cost Reimbursement Analysis						
	Perm	anent File	<b>)</b>								
	Prog	ram Devel	opment:								
		For in	formation Only (No Change in rate)	)							



029547729 - 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

		•	modicard Komisarcomont For Br	om ratoo re	1 11	<u> </u>		10110010			
Project Health Crystal River Pediatrics					Provider Number : 029547729						
					Da	Date : 10/04/2019					
547 SE Fort Island Trail Suite C&D					Fis	scal Ye	ear End : N	I/A			
Crystal River, FL 34429-8905					Αι	udit Sta	itus : N/A				
Pre	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				135.15	137.18	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60)	)							
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	sis :		Rate	<b>Т</b> у	pe :					
			Budget		Χ	Prospective					
		Unaudited costs  Desk audited costs		Total Prospective							
						Prospective Adjusted for New costs					
			Field audited costs				_				
		Medicare - Prospective  X Payment System Rate				Interim -					
							Total Interim				
			Average Nursing Home Rate				Settleme	nt based on cost	is		
			Citrus								
<u>Distribution:</u>			<u> </u>	W.Rydell Samuel, Administrator							
	Fiscal Agent			_		edicaid Cost Reimbursement Analysis					
	Contract Management							,			
	Perma	anent File	е								
	Progra	am Deve	elopment:								



029547731 - 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

Pro	ject Hea	alth Crys	tal River				der Number :	029547731	
					[	Date	: 10/04/2019		
547	SE For	t Island	Trail E		F	Fisca	I Year End : N	/A	
Cry	stal Riv	er, FL 3	4429		1	Audit	Status : N/A		
Pro	vider T	уре:				С	urrent Rate	New Rate	Effective Date
		Rural I	Health Clinic						
		Swing	-Bed Provider						
	X	Federa	ally Qualified Health Centers				135.15	137.18	10/01/2019
		Hospic	ce Provider						
		#65	51 / H51 Routine Home Care (1-60)						
		#65	51a / H5L Routine Home Care (61 +	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Care	- SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	59 Room and Board						
	Bas	sis :		Rat	e T	уре	:		
<b>י</b>			Budget		X	<u> </u>	Prospecti	ve	
-			Unaudited costs				 Total Pro	spective	
-			Desk audited costs				Prospect	ve Adjusted for	New costs
•			Field audited costs						
-			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	rim	
•			Average Nursing Home Rate				Settleme	nt based on cost	s
-			Sumter						
	<u>Dist</u> ri	bution			W	Rvde	ell Samuel, Ad	ministrator #	,
		Agent						ursement Analys	 sis
	Contra	act Mana	agement						
		anent Fil							
	Progra	am Deve	elopment:						



029548500 - 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 D	Diem R	ates for	N	on-Ins	stitutional	<u>Providers</u>			
Та	mpa Commu	nity Health Center - Peter D			Pı	rovide	r Number :	029548500			
					D	ate : 1	0/04/2019				
PC	Box 82969				Fi	Fiscal Year End : N/A					
Та	mpa, FL 336	82			Audit Status : N/A						
Pre	ovider Type:					Curi	rent Rate	New Rate	Effective Date		
	Rur	al Health Clinic									
	Swi	ing-Bed Provider									
	X Fed	lerally Qualified Health Centers					128.09	130.02	10/01/2019		
	Hos	spice Provider									
		#651 / H51 Routine Home Care (1-6	0)								
		#651a / H5L Routine Home Care (61	1 +)								
		#652 / H52 Continuous Home Care									
		#0551 / 0561 Continuous Home Car	re - SI <i>A</i>	4							
		#655 / H55 Inpatient Respite Care									
		#656 / H56 General Inpatient Care									
		#659 Room and Board									
	Basis :			Rate	Ту	pe :	7				
ָּ 		Budget	-		Χ		⊐ Prospect	ive			
		Unaudited costs	_				– Total Pro	spective			
•		Desk audited costs	_				Prospect	ive Adjusted for	New costs		
•		Field audited costs	-								
•		Medicare - Prospective	-				_ Interim				
	Х	Payment System Rate	-				Total Inte	erim			
•		Average Nursing Home Rate	-				Settleme	nt based on cost	S		
•		Hillsborough	-				_				
	Distributi	on:		V	V.R	evdell s	Samuel, Ad	ministrator			
	Fiscal Age			_		•		ursement Analys			
	Contract M	lanagement		.,,			_ 501.1011110	and some in the state of the st	<del>- · -</del>		
	Permanent	t File									
	Program D	evelopment:									



029548502 - 2019/10

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

Tallahassee, Florida 32308

		-	Medicaid Neillibursellient Fer Diei	iii i\ates io	1 110	<u> </u>	iiiuiioiiai i	IOVIU <del>CIS</del>	
Tar	npa Cor	nmunity	Health Center - Salvation Army		Pro	ovider	Number :	029548502	
					Da	te : 10	)/04/2019		
РО	Box 82	969			Fis	cal Ye	ear End : N	/A	
Tar	npa, FL	33682			Aud	dit Sta	atus : N/A		
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	Ily Qualified Health Centers				128.09	130.02	10/01/2019
		Hospic	e Provider						
		#65	51 / H51 Routine Home Care (1-60)						
		#65	1a / H5L Routine Home Care (61 +	)					
		#65	52 / H52 Continuous Home Care						
		#05	51 / 0561 Continuous Home Care -	·SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
ſ	Bas	sis :	7	Rate	Тур	e :	1		
L			⊔ Budget		X		J Prospecti	ve	
-			Unaudited costs	-			- Total Pro	spective	
-			Desk audited costs				- Prospecti	ve Adjusted for	New costs
-			Field audited costs				_		
-			Medicare - Prospective				- Interim		
		X	Payment System Rate				Total Inte	rim	
-			Average Nursing Home Rate				Settleme	nt based on cost	s
-			Hillsborough				_		
	Distri	bution		V	V.Ry	dell S	amuel, Ad	ministrator #	~
	Fiscal	Agent		_				ursement Analys	sis
	Contra	act Mana	agement					·	
	Perma	anent File	е						
	Progra	am Deve	elopment:						
		For in	nformation Only (No Change in rate)						



029548503 - 2019/10

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

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		- Modiodia Rominationioni i oi bio	m ratoo r		<u> </u>	, citationai	10110010			
Tar	mpa Community	Health Center - Sine Domus		Provider Number : 029548503						
				D	Date: 10/04/2019					
РО	Box 82969			Fi	iscal Y	ear End : N	I/A			
Tar	mpa, FL 33682			A	udit St	atus : N/A				
Pro	ovider Type:				Curi	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				128.09	130.02	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rate	Ty	pe :	7				
[		 Budget		Χ		⊐ Prospect	ive			
-		Unaudited costs				– Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				_ Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	is		
-		Hillsborough				_				
	Distribution		,	W.R	Rydell	Samuel, Ad	ministrator #	~		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Mana	agement					,			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



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Tallahassee, Florida 32308

		-	Medicald Neillibursement Fer Die	iii ivates io	1 140	<u> </u>	iiiuiioiiai i	IOVIU <del>CIS</del>			
Tar	npa Cor	nmunity	Health Center - Lee Davis		Provider Number : 029548504						
					Da	Date : 10/04/2019					
РО	Box 82	969			Fis	cal Ye	ear End : N	/A			
Tar	npa, FL	33682			Au	dit Sta	itus : N/A				
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				128.09	130.02	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61 +	)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Bas	sis :	7	Rate	Тур	e :	1				
L			」 Budget		X		J Prospecti	ve			
-			Unaudited costs				- Total Pro	spective			
-			Desk audited costs				- Prospecti	ve Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective	•			- Interim				
		X	Payment System Rate				Total Inte	rim			
-			Average Nursing Home Rate				Settleme	nt based on cost	s		
-			Hillsborough				_				
	Distri	bution		V	V.Ry	dell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					·			
	Perma	anent File	е								
	Progra	am Deve	elopment:								
		For in	nformation Only (No Change in rate)								



029548505 - 2019/10

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Tallahassee, Florida 32308

		Medicaid Reimbursement Per D	iem Rates	for	Non-	<u>-Institutional l</u>	<u>Providers</u>				
Та	mpa Community	y Health Center- 131st Ave			Provider Number : 029548505						
				Ī	Date	: 10/04/2019					
PC	Box 82969			Fiscal Year End : N/A							
Та	mpa, FI 33682				Audi	t Status : N/A					
Pro	ovider Type:				C	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	g-Bed Provider									
	X Feder	ally Qualified Health Centers				128.09	130.02	10/01/2019			
	Hospi	ice Provider									
	#6	51 / H51 Routine Home Care (1-60	0)								
	#6	51a / H5L Routine Home Care (61	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Car	e - SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		R	ate T	Гуре	:					
		 Budget		Х	(	Prospecti	ve				
•		Unaudited costs	-			 Total Pro	spective				
•		Desk audited costs				Prospect	ve Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	rim				
•		Average Nursing Home Rate				Settleme	nt based on cost	ts			
•		— Hillsborough									
	Distribution	<u>1:</u>		W.	.Rvd	ell Samuel, Ad	ministrator #	~			
	Fiscal Agent						ursement Analys				
	Contract Man	nagement									
	Permanent F	ile									
	Program Dev	elopment:									



029548506 - 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

Та	nna O = :	· · · · · · · · · · · · · · · · · · ·	Health Center Dama Ave		D	ا ما الماد	· Niumbar ·	020549500		
ıaı	пра Сог	nmunity	Health Center - Rome Ave			Provider Number : 029548506				
							0/04/2019			
PC	Box 82	969					ear End : N	I/A		
Tai	npa, FL	33682			A	udit St	atus : N/A			
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	Illy Qualified Health Centers				128.09	130.02	10/01/2019	
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1-60)					,		
		#65	51a / H5L Routine Home Care (61 -	<b>+</b> )						
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	- SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :		Rate	• Ту	pe :				
•			Budget		Χ		Prospect	ive		
-			Unaudited costs				Total Pro	spective		
-			Desk audited costs				Prospect	ive Adjusted for	New costs	
-			Field audited costs				_			
•			Medicare - Prospective				Interim			
		X	Payment System Rate				Total Inte	erim		
-			Average Nursing Home Rate	<u> </u>			Settleme	nt based on cost	rs es	
			Hillsborough							
	Distr	ibution	<u> </u>	,	N.R	Rydell S	Samuel, Ad	ministrator #	<u> </u>	
	Fiscal	Agent		_				ursement Analys	 sis	
	Contra	act Mana	agement							
	Perma	anent Fil	е							
	Progra	am Deve	elopment:							



029548513 - 2019/10

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Tallahassee, Florida 32308

		Incursar Common	m Ratoo R	<u>/                                    </u>		iotitutiona.	10110010				
Taı	mpa Community	Health Center - Waters Ave		Р	rovid	er Number :	029548513				
				D	Date: 10/04/2019						
РО	Box 82969			F	iscal	Year End : N	I/A				
Taı	mpa, FL 33682			A	udit (	Status : N/A					
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				128.09	130.02	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	e Ty	ype:						
L		l Budget	L	Х		 Prospect	ive				
-		Unaudited costs				— Total Pro	spective				
-		Desk audited costs	-			Prospect	ive Adjusted for	New costs			
-		Field audited costs	·								
-		— Medicare - Prospective				Interim					
	Χ	Payment System Rate				 Total Inte	erim				
-		Average Nursing Home Rate				Settleme	nt based on cost	ts			
-		Hillsborough									
	Distribution	<u>.</u>		W.F	Rydel	I Samuel, Ad	ministrator #	~			
	Fiscal Agent		-				ursement Analy	sis			
	Contract Mana	agement					·				
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



029548516 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

			<u> wedicaid Reimbursement Per L</u>	<u>Jiem Rates for </u>	Non-	institutionai	<u>Providers</u>				
Ta	mpa Co	mmunity	Health Center		Provider Number: 029548516						
Мо	bil Den	tal Van			Date: 10/04/2019						
PC	Box 82	2969			Fisca	I Year End : N	I/A				
Ta	mp, FL	33682			Audit	Status : N/A					
Pro	ovider <sup>-</sup>	Туре:			С	urrent Rate	New Rate	Effective Date			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			128.09	130.02	10/01/2019			
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	60)							
		#6	51a / H5L Routine Home Care (6 <sup>2</sup>	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Ca	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	asis :		Rate	Туре	:					
٠			Budget		X	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	ts			
			Hillsborough								
	Dist	ribution	<u>:</u>	I	V.Ryde	ell Samuel, Ad	Iministrator	·			
	Fisca	al Agent		_			oursement Analys				
	Cont	ract Mana	agement				,				
	Perm	nanent Fil	le								
	Prog	ram Deve	elopment:								



029548517 - 2019/10

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Tallahassee, Florida 32308

		Modicard Normburgomont   51 Bio	m ratoo r	<u> </u>		iotitational	10110010				
Tai	mpa Family Hea	alth Center #11		Provider Number: 029548517							
				D	Date: 10/04/2019						
РС	Box 82969			F	iscal	Year End : N	I/A				
Tai	mpa, FL 33682	2969		A	udit S	Status : N/A					
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				128.09	130.02	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
ſ	Basis :		Rate	e Ty	ype :	$\overline{}$					
ן נ		 Budget		Х		— Prospect	ive				
•		Unaudited costs				 Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				 Interim					
	Χ	Payment System Rate				Total Inte	erim				
-		Average Nursing Home Rate				Settleme	nt based on cost	ts			
-		Hillsborough									
	Distribution			W.F	Rydell	Samuel, Ad	ministrator #	~			
	Fiscal Agent		-				ursement Analy	sis			
	Contract Man	agement					·				
	Permanent Fi	le									
	Program Deve	elopment:									
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029548519 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		- Modiodid Nombaloomont   Of Bio	m ratoo r	<i>.</i>	10	<u> </u>	10114010			
Tar	npa Family Hea	Ith Center #27		F	Provi	der Number :	029548519			
					Date: 10/04/2019					
РО	Box 82969			F	-isca	ıl Year End : N	I/A			
Tar	mpa, FL 33682			A	Audit	Status : N/A				
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				128.09	130.02	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	• T	уре	:				
<u></u>		Budget		Χ		Prospecti	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs	-							
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
-		Hillsborough								
	Distribution	<u>:</u>		W.I	Rvde	ell Samuel, Ad	ministrator #	?		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Mana	agement					•			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029548520 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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			Medicaid Reimbursement Per Die	em Rates for	NO	n-ins	titutionai	<u>Providers</u>			
Tai	mpa Far	nily Hea	alth center #26		Provider Number : 029548520						
					Date: 10/04/2019						
РС	Box 82	969			Fis	cal Ye	ear End : N	I/A			
Tai	mpa, FL	33682			Aud	dit Sta	ntus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic						,		
		Swing	-Bed Provider								
	X	Feder	ally Qualified Health Centers				128.09	130.02	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-60)								
		#6	51a / H5L Routine Home Care (61 -	+)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Care	- SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
ſ	Bas	sis :	7	Rate	Тур	oe :	]				
ָ 			 Budget	<u></u>	Х		∟ Prospect	ive			
-			Unaudited costs				- Total Pro	spective			
-			Desk audited costs				- Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
•			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate				Settleme	nt based on cost	ts		
-			Hillsborough	-			_				
	Distri	bution		<u> </u>	V.Rv	dell S	amuel. Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analy	sis		
	Contra	act Man	agement								
	Perma	anent Fi	le								
	Progra	am Dev	elopment:								
		For	information Only (No Change in rate)	)							



029548521 - 2019/10

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Tallahassee, Florida 32308

Tai	npa Fa	mily Healt	th Centers #25			Pro	vider	Number :	029548521				
						Dat	te : 10	/04/2019					
РС	Box 82	2969				Fisc	Fiscal Year End : N/A						
Tai	npa, Fl	33682				Auc	dit Sta	itus : N/A					
Pro	vider <sup>-</sup>	Гуре:					Curre	ent Rate	New Rate	Effective Date			
			lealth Clinic										
		Swing-l	Bed Provider										
	X	Federal	lly Qualified Health Centers					128.09	130.02	10/01/2019			
		Hospic	e Provider										
		#65	1 / H51 Routine Home Care (1-60)										
		#65	1a / H5L Routine Home Care (61 +	+)									
		#65	2 / H52 Continuous Home Care										
		#05	51 / 0561 Continuous Home Care	- SIA									
		#65	5 / H55 Inpatient Respite Care										
		#65	6 / H56 General Inpatient Care										
		#65	9 Room and Board										
ſ	Ba	nsis :	]	R	Rate	Тур	e :	]					
L			J Budget	<u> </u>		X		J Prospecti	ive				
-			- Unaudited costs					- Total Pro	spective				
-			Desk audited costs					- Prospecti	ive Adjusted for	New costs			
-			Field audited costs					-					
-			Medicare - Prospective					- Interim					
		X	Payment System Rate					Total Inte	erim				
•			Average Nursing Home Rate					Settleme	nt based on cos	ts			
-			Hillsborough					-					
	Dist	ribution:			V	V.Ry	dell S	amuel, Ad	ministrator #	ζ.			
	Fisca	l Agent			N	1edic	caid C	ost Reimb	ursement Analy	sis			
	Conti	act Mana	gement										
	Perm	anent File	)										
	Progi	ram Devel	opment:										
		For in	formation Only (No Change in rate)										



029548522 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		•	Medicald Neimbursement Fer Diel	III IVales IOI I	NOII-III	titutionai	<u>FIOVIUEIS</u>				
Tai	mpa Far	nily Heal	Ith Centers #24	F	Provider Number: 029548522						
					Date: 10/04/2019						
РС	Box 82	969		F	Fiscal Year End : N/A						
Tai	mpa, FL	33682		A	Audit St	atus : N/A					
Pro	ovider T	уре:			Curi	ent Rate	New Rate	Effective Date			
		Rural I	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers			128.09	130.02	10/01/2019			
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60)					,			
		#65	51a / H5L Routine Home Care (61 +	)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care -	·SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Ва	sis :	7	Rate T	vpe :	1					
ι			_l Budget	X		∟ Prospect	ive				
-			Unaudited costs			_ Total Pro	spective				
-			Desk audited costs			– Prospect	ive Adjusted for	New costs			
-			Field audited costs			_					
-			– Medicare - Prospective			– Interim					
		X	Payment System Rate			– Total Inte	erim				
•			Average Nursing Home Rate			– Settleme	nt based on cost	s			
•			– Hillsborough			_					
	Distr	ibution	<u> </u>	W.	Rvdell \$	Samuel. Ad	ministrator #	~			
	Fiscal	Agent					oursement Analys	sis			
	Contra	act Mana	agement				,				
	Perma	anent Fil	е								
	Progra	am Deve	elopment:								
		For i	nformation Only (No Change in rate)								



029548527 - 2019/10

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Tallahassee, Florida 32308

		-	Medicald Relifibul Selfiellt Fel Die	iii ivates io	1 110	<u> </u>	iitutionai i	IOVIUEIS				
Taı	mpa Far	nily Heal	th Center #23		Provider Number: 029548527							
					Da	Date: 10/04/2019						
РО	Box 82	969			Fis	Fiscal Year End : N/A						
Taı	npa, FL	336822	2969		Au	dit Sta	ntus : N/A					
Pro	vider T	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic						,			
		Swing-	Bed Provider									
	X	Federa	Illy Qualified Health Centers				128.09	130.02	10/01/2019			
		Hospic	e Provider									
		#65	51 / H51 Routine Home Care (1-60)									
		#65	61a / H5L Routine Home Care (61 +	)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Care	- SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Bas	sis :	7	Rate	Тур	oe :	]					
ַ נ			Budget		Χ		∟ Prospecti	ve				
-			Unaudited costs				- Total Pro	spective				
-			Desk audited costs				- Prospecti	ve Adjusted for	New costs			
-			Field audited costs				_					
-			Medicare - Prospective				Interim					
	,	X	Payment System Rate				Total Inte	rim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
_			Hillsborough									
	Distri	bution	l <u>:</u>	V	V.Ry	/dell S	amuel, Ad	ministrator #				
	Fiscal	Agent		_				ursement Analys	 sis			
	Contra	act Mana	agement					•				
	Perma	anent File	e									
	Progra	am Deve	elopment:									
		For in	nformation Only (No Change in rate)									



029548529 - 2019/10

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

Tallahassee, Florida 32308

		Modrodia Rombardomont For Bro	m ratoo r	<i>.</i>	10	<u> </u>	10114010			
Tar	mpa Family Hea	alth Center Inc 28		Provider Number : 029548529						
				Date: 10/04/2019						
РО	Box 82969			Fiscal Year End : N/A						
Tar	mpa, FL 33682	2969		Δ	Audit	Status : N/A				
Pro	vider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				128.09	130.02	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	= T;	ype :	 :				
<u></u>		 Budget		Χ		Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate	-			Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	s		
-		Hillsborough								
	Distribution			W.I	Ryde	II Samuel, Ad	ministrator #	~		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Deve	elopment:								
	For	information Only (No Change in rate)	)							



029548531 - 2019/10

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

Tallahassee, Florida 32308

		Modical a Normal Computer of Bio	min itatoo it	<i>.</i>		motitutionari	10114010			
Tar	npa Family Hea	lth Centers - #31		Provider Number : 029548531						
				Date: 10/04/2019						
РО	Box 82969			Fiscal Year End : N/A						
Tar	mpa, FL 336822	2969		A	Audit	t Status : N/A				
Pro	ovider Type:				С	Surrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				128.09	130.02	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	e T	уре	:				
[		 Budget		X	,	Prospecti	ive			
-		Unaudited costs	<u>-</u>			 Total Pro	spective			
-		Desk audited costs				Prospecti	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	ts		
-		— Hillsborough								
	Distribution	<u>.</u>		W.	Ryde	ell Samuel, Ad	ministrator #	~		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



029548533 - 2019/10

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Tallahassee, Florida 32308

				· · ·			10114010			
Tar	mpa Family Hea	Ith Centers- 22nd St		Provider Number : 029548533						
				Date: 10/04/2019						
P.C	Box 82969			Fiscal Year End : N/A						
Tar	mpa, Fl 33682			Δ	Audit	Status : N/A				
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				128.09	130.02	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	- Τ <sub>.</sub>	ype :	: ]				
<u></u>		Budget		Χ		Prospecti	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Hillsborough								
	Distribution	<u>.</u> <u>:</u>		W.I	Ryde	ell Samuel, Ad	ministrator	>		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Mana	agement					·			
	Permanent Fil	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029548535 - 2019/10

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

Tallahassee, Florida 32308

		-	Medicaid Neillibursellient Fer Diei	III INALES IOI	NOII-III	stitutionai	FIOVIUCIS					
Tai	mpa Fam	ily Heal	th Center- Fletcher Ave		Provider Number : 029548535							
					Date: 10/04/2019							
Ρ.	O Box 82	969		I	Fiscal Year End : N/A							
Tai	mpa, FI	33682		,	Audit St	atus : N/A						
Pro	ovider Ty	ре:			Curi	ent Rate	New Rate	Effective Date				
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers			128.09	130.02	10/01/2019				
		Hospic	e Provider									
		#65	51 / H51 Routine Home Care (1-60)									
		#65	1a / H5L Routine Home Care (61 +	)								
		#65	2 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Care -	- SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Bas	is :	7	Rate T	vpe :	7						
ι			⊔ Budget	X		∟ Prospect	ive					
-			Unaudited costs			_ Total Pro	spective					
-			Desk audited costs			– Prospect	ive Adjusted for	New costs				
-			Field audited costs			_						
-			– Medicare - Prospective			_ Interim						
	X	(	Payment System Rate			- Total Inte	erim					
•			Average Nursing Home Rate			_ Settleme	nt based on cost	s				
-			- Hillsborough			_						
	Distril	oution:	<u> </u>	W.	Rvdell	Samuel. Ad	ministrator #					
	Fiscal A	Agent					oursement Analys	sis				
	Contra	ct Mana	agement				,					
	Perma	nent File	е									
	Progra	m Deve	elopment:									
		For i	nformation Only (No Change in rate)									



029548550 - 2019/10

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

Tallahassee, Florida 32308

		-	Medicaid Kellilbursellielit Fel Die	iii ivates io	1 110	<u>/11-1113</u>	iitutionai i	IOVIUEIS			
Tar	mpa Fan	nily Heal	Ith Centers, Inc.		Provider Number : 029548550						
					Da	Date: 10/04/2019					
120	85 W H	illsborou	ıgh Ave		Fis	cal Ye	ear End : N	/A			
Tar	npa, FL	33625			Au	dit Sta	ntus : N/A				
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	Health Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				128.09	130.02	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61 +	)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Bas	sis :	7	Rate	Typ	ре :	1				
L			⊔ Budget		X		J Prospecti	ve			
-			Unaudited costs				- Total Pro	spective			
_			Desk audited costs				- Prospecti	ve Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				- Interim				
		X	Payment System Rate				- Total Inte	rim			
-			Average Nursing Home Rate				Settleme	nt based on cost	s		
-			Hillsborough				_				
	Distri	bution:		V	V.Ry	/dell S	amuel, Ad	ministrator #	<u> </u>		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	elopment:								
		For in	nformation Only (No Change in rate)								



029549300 - 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

		-	Medicald Kellibursellielit Fer Die	em Nates it	1 14	011-1115	illulionari	FIOVILLEIS			
Ce	entral Flo	rida Hea	lth Care - Frostproof		Pı	rovider	Number :	029549300			
					Da	ate : 10	/04/2019				
10	9 West V	Vall Stre	et		Fi	Fiscal Year End : N/A					
Fre	ostproof,	FL 3384	43		Αι	Audit Status : N/A					
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic					,			
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
		#65	1a / H5L Routine Home Care (61 -	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rate	Ту	pe:	]				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Polk								
	Distr	ibution:		<u> </u>	V.R	lydell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	e								
	Progra	am Deve	lopment:								



029549301 - 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

		-	wedicaid Reimbursement Per D	Jiem Rates for	NOI	<u>1-institutionai</u>	<u>Providers</u>				
Се	ntral Flo	rida Hea	lth Care - Wachula		Provider Number : 029549301						
					Date	e: 10/04/2019					
204	4 E. Palr	metto Str	reet		Fiscal Year End : N/A						
Wa	uchula,	FL 3387	73		Audit Status : N/A						
Pro	ovider T	уре:				Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers			154.97	157.29	10/01/2019			
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	60)							
		#65	1a / H5L Routine Home Care (61	1 +)							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ba	sis :	7	Rate	Тур	e :					
Ì			Budget		X	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
•			Medicare - Prospective			Interim					
		X	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	ts			
			Polk								
	Distr	ibution:	<u> </u>	I	V.Rvo	dell Samuel, Ac	Iministrator	~			
	Fiscal	Agent					oursement Analy				
	Contra	act Mana	agement								
	Perma	anent File	е								
	Progra	am Deve	elopment:								



029549304 - 2019/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Modicala Normal Comont For Dio	m ratoo r	<u> </u>		otitutional	1 10 110010			
Се	ntral Florida He	alth Call - Avon Park		Provider Number: 029549304						
				Date: 10/04/2019						
400	South Lake Av	venue		Fiscal Year End : N/A						
Αv	on Park, FL 338	825		Α	udit S	status : N/A				
Pro	ovider Type:				Cui	rrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	<sub>J</sub> -Bed Provider								
	X Feder	ally Qualified Health Centers				154.97	157.29	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	e Ty	ype :					
<b>.</b>		Budget		Χ		— Prospect	ive			
-		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Polk								
	Distribution			W.F	Rydell	Samuel, Ad	Iministrator #	~		
	Fiscal Agent						oursement Analys	sis		
	Contract Man	agement					·			
	Permanent Fi	ile								
	Program Dev	elopment:								
	For	information Only (No Change in rate)	)							



029549305 - 2019/10

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

Tallahassee, Florida 32308

				<del>,</del>						
Се	ntral Florida He	alth Center - Hardee		Provider Number: 029549305						
				Date: 10/04/2019						
950	County Road	17A West		Fiscal Year End : N/A						
Αv	on Park, FL 338	825		A	Audit	Status : N/A				
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	<sub>J</sub> -Bed Provider								
	X Feder	ally Qualified Health Centers				154.97	157.29	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	e T	ype :	:				
<b>ן</b>		Budget		X		 Prospect	ive			
•		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Hardee								
	Distribution			W.I	Ryde	II Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analys	sis		
	Contract Man	agement					,			
	Permanent Fi	ile								
	Program Dev	elopment:								
	For	information Only (No Change in rate)	)							



029549307 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		•								
Се	Central Florida Health Care -NW 9th Ave				Pro	ovider Number : 029549307				
						Dat	e : 10	/04/2019		
950	) County	/ Rd 17A	A West			Fisc	cal Ye	ar End : N	I/A	
Αv	on Park,	FL 338	25			Auc	lit Sta	tus : N/A		
Pro	vider T	уре:					Curre	ent Rate	New Rate	Effective Date
		Rural H	Health Clinic							
		Swing-	-Bed Provider							
	X	Federa	Illy Qualified Health Centers					154.97	157.29	10/01/2019
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1-60)							
		#65	51a / H5L Routine Home Care (61 -	+)						
	#652 / H52 Continuous Home Care									
	#0551 / 0561 Continuous Home Care									
		#65	56 / H56 General Inpatient Care							
		#65	59 Room and Board							
	Ва	sis :		Ra	te	Тур	e :	]		
'			Budget		7	X		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
•			Desk audited costs					Prospect	ive Adjusted for	New costs
•			Field audited costs					_		
•			Medicare - Prospective					Interim		
		X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cost	ts
-			Polk					-		
	Distr	ibution	<u>.</u>		W	/.Ry	dell S	amuel, Ad	ministrator #	?
	Fiscal	Agent			_				ursement Analy	sis
	Contra	act Mana	agement							
	Perma	anent File	е							
	Progra	am Deve	elopment:							



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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

				<u> </u>			a ii e ii di				
Се	ntral FI HIthcare	e-Dundee Rd			Pro	vider N	umber :	029549309			
					Dat	ate: 10/04/2019					
47	5th St NW				Fisc	cal Year	End : N	I/A			
Wii	nter Haven, FI	33881			Aud	dit Statu	s:N/A				
Pro	ovider Type:					Curren	t Rate	New Rate	Effective Date		
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers					154.97	157.29	10/01/2019		
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6										
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Ra	te	Тур	e:					
<b>ן</b>		Budget		2	X		rospect	ive			
-		Unaudited costs				т	otal Pro	spective			
-		Desk audited costs				F	rospect	ive Adjusted for	New costs		
•		Field audited costs	-								
•		Medicare - Prospective	'			lı	nterim				
	Χ	Payment System Rate	·			Т	otal Inte	erim			
		Average Nursing Home Rate				S	Settleme	nt based on cos	ts		
		Polk									
	Distribution	<u></u> 1		W	√.Ry	dell Sar	nuel, Ad	ministrator #	Z.		
	Fiscal Agent			M	1edic	caid Cos	st Reimb	ursement Analy	sis		
	Contract Man	agement									
	Permanent Fi	le									
	Program Dev	elopment:									
	For	information Only (No Change in rate)	)								



029549311 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		Medicaid Reimbursement Per Die	m Rates for	NOI	1-institution	<u> </u>	<u>roviders</u>	
Се	ntral FI Healtho	care- Fl Ave		Pro	vider Numbe	r : 0	29549311	
				Dat	e : 10/04/201	9		
47	5th Ave St NW	I		Fisc	cal Year End	: N/	A	
Wii	nter Haven, Fl	04915		Auc	lit Status : N/	Ą		
Pro	ovider Type:				Current Rate	1 (	New Rate	Effective Date
	Rura	l Health Clinic						
	Swin	g-Bed Provider						
	X Fede	rally Qualified Health Centers			154.	97	157.29	10/01/2019
	Hosp	nice Provider						
	#	651 / H51 Routine Home Care (1-60)						
	#	651a / H5L Routine Home Care (61 -	+)					
	#	652 / H52 Continuous Home Care						
	#(	0551 / 0561 Continuous Home Care	- SIA					
	#	655 / H55 Inpatient Respite Care						
	#	656 / H56 General Inpatient Care						
	#	659 Room and Board						
ſ	Basis :	$\neg$	Rate	Тур	e:			
١.		Budget		X	 Prospe	ectiv	re	
-		Unaudited costs			Total F	ros	pective	
-		Desk audited costs			Prospe	ectiv	e Adjusted for I	New costs
-		Field audited costs						
•		Medicare - Prospective			Interim	l		
	Χ	Payment System Rate			Total I	nteri	im	
-		Average Nursing Home Rate			Settler	nent	t based on cost	s
-		Polk						
	Distributio	<u>n:</u>	W	V.Ry	dell Samuel,	Adm	ninistrator #	•
	Fiscal Agent						rsement Analys	sis
	Contract Ma	nagement					,	
	Permanent F	File						
	Program De	velopment:						
	Foi	r information Only (No Change in rate)	)					



029549316 - 2019/10

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

Tallahassee, Florida 32308

				. J.				<del>- 1141010</del>	
Се	ntral Florida Hea	alth Care-Winter Haven			Pro	vider Number	: 02	9549316	
					Dat	te: 10/04/2019	9		
201	I Magnolia Ave	SW			Fisc	cal Year End :	N/A		
Wii	nter Haven, FI 3	33880			Auc	dit Status : N/A	١		
Pro	ovider Type:					Current Rate	N	ew Rate	Effective Date
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				154.9	97	157.29	10/01/2019
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 -	+)						
	#6								
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Ra	te	Тур	e :			
<b>ַ</b>		Budget	<u> </u>	2	X	 Prospe	ctive	)	
-		Unaudited costs				Total P	rosp	ective	
-		Desk audited costs				Prospe	ctive	Adjusted for I	New costs
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total In	terir	n	
_		Average Nursing Home Rate				Settlem	ent	based on cost	s
_		Polk							
	Distribution			W	/.Ry	dell Samuel, A	Admi	nistrator #	
	Fiscal Agent			_				sement Analys	sis
	Contract Man	agement						·	
	Permanent Fi	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate)	)						



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Tallahassee, Florida 32308

		Modicard Rollingar Compile 1 or Dio	<u> </u>	<u> </u>		<u> </u>	110110010				
Cer	ntral Florida Hea	alth Care			Pro	vider Number :	029549318				
					Dat	ate: 10/04/2019					
705	Ingraham Aver	nue			Fisc	cal Year End : I	N/A				
Hai	nes City, FL 33	844			Aud	lit Status : N/A					
Pro	vider Type:					Current Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019			
	Hospid	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )								
	#6										
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
ſ	Basis :		Rat	te '	Тур	e:					
		Budget	<u> </u>	)	X	 Prospec	tive				
_		Unaudited costs				Total Pro	ospective				
_		Desk audited costs				Prospec	tive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Int	erim				
_		Average Nursing Home Rate				Settleme	ent based on cos	ts			
_		Polk	-								
	Distribution			W	/.Ryo	dell Samuel, A	dministrator M	Z			
	Fiscal Agent			_			bursement Analy	sis			
	Contract Mana	agement					•				
	Permanent Fil	е									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)	)								



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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

			Medicaid Reimbursement Per L	<u>Jiem Rates for</u>	NON	i-institutional	<u>Providers</u>	
Се	ntral Florida Health Care Winter Haven 1st Street				Prov	vider Number :	029549319	
					Date	e: 10/04/2019		
PC	Box 16	344			Fisc	al Year End : N	I/A	
Wi	nter Hav	en, FL (	04915-4058		Aud	it Status : N/A		
Pre	ovider T	уре:			(	Current Rate	New Rate	Effective Date
		Rural H	Health Clinic					
		Swing-	Bed Provider					
	X	Federa	Ily Qualified Health Centers			154.97	157.29	10/01/2019
		Hospic	e Provider					
		#65	51 / H51 Routine Home Care (1-6	50)				
		#65	61a / H5L Routine Home Care (6	1 +)				
		#65	2 / H52 Continuous Home Care					
		#05	551 / 0561 Continuous Home Ca	re - SIA				
		#65	55 / H55 Inpatient Respite Care					
		#65	66 / H56 General Inpatient Care					
		#65	9 Room and Board					
	Ва	sis :	]	Rate	Туре	e:		
•			Budget		Χ	Prospect	ive	
•			Unaudited costs			Total Pro	spective	
•			Desk audited costs			Prospect	ive Adjusted for	New costs
			Field audited costs					
			Medicare - Prospective			Interim		
		Χ	Payment System Rate			Total Inte	erim	
			Average Nursing Home Rate			Settleme	nt based on cost	ts
			Polk					
	Distr	ibution	<u>.</u>	_ I	V.Ryc	dell Samuel, Ad	ministrator	·
	Fisca	l Agent		_			oursement Analys	
	Contr	act Mana	agement				·	
	Perm	anent Fil	е					
	Progr	am Deve	elopment:					



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Tallahassee, Florida 32308

				<del></del>		oa.iioiiai					
Се	ntral Florida He	alth Care Inc.		F	Provid	der Number :	029549321				
					Date	ate: 10/04/2019					
30	5 West Central A	Ave		F	Fiscal	l Year End : N	I/A				
Lal	ke Wales, FL 33	3853		P	Audit	Status : N/A					
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	<b>+</b> )								
	#6										
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
ſ	Basis :		Rat	e T	ype	: ]					
١.		Budget		Х		 Prospect	ive				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs	-								
-		Medicare - Prospective	·			Interim					
	Χ	Payment System Rate				Total Inte	erim				
•		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Polk	'								
	Distribution			W.	Ryde	ell Samuel, Ad	ministrator #	~			
	Fiscal Agent						oursement Analys	sis			
	Contract Man	agement					,				
	Permanent Fi	le									
	Program Dev	elopment:									
	For	information Only (No Change in rate)	)								



029550700 - 2019/10

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

Tallahassee, Florida 32308

					<u> </u>		101100			
Pre	mier Community	y HC Group - Pasco		Pı	rovide	Number :	029550700			
				D	ate: 10/04/2019					
379	46 CHURCH A	VE		Fi	scal Y	ear End : N	I/A			
Dad	de City, FL 335	25		Αı	udit St	atus : N/A				
Pro	vider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				151.40	153.67	10/01/2019		
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +	-)							
	#65									
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
Γ	Basis :	]	Rate	Ty	pe :					
-		Budget		Χ		⊐ Prospecti	ive			
_		Unaudited costs				– Total Pro	spective			
_		Desk audited costs				Prospect	ive Adjusted for	New costs		
_		Field audited costs				_				
_		Medicare - Prospective				 Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Pasco				_				
	Distribution	<u>.</u> <u>:</u>	,	N.R	vdell S	Samuel, Ad	ministrator #	ζ		
	Fiscal Agent		_				ursement Analy	sis		
	Contract Mana	agement					·			
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	ı							



029550701 - 2019/10

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

Tallahassee, Florida 32308

Pre	Premier Community HC Group - Zephyrhills			Provider Number : 029550701						
				Date	: 10/04/2019					
379	946 CHUF	RCH AVE		Fisca	al Year End : N	/A				
Da	de City, F	L 33525		Audi	t Status : N/A					
Pro	vider Ty	pe:		C	urrent Rate	New Rate	Effective Date			
	I	Rural Health Clinic								
		Swing-Bed Provider								
	X I	Federally Qualified Health Centers			151.40	153.67	10/01/2019			
	I	Hospice Provider								
		#651 / H51 Routine Home Care (1-60	)							
		#651a / H5L Routine Home Care (61	+)							
		#652 / H52 Continuous Home Care								
		#0551 / 0561 Continuous Home Care	e - SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
	Basi	s:	Rate	Туре	:					
<u></u>		Budget	,	Κ	Prospect	ve				
-		Unaudited costs			 Total Pro	spective				
-		Desk audited costs	-		Prospect	ve Adjusted for	New costs			
-		Field audited costs								
-		Medicare - Prospective			Interim					
	Х	Payment System Rate			Total Inte	rim				
-		Average Nursing Home Rate			Settleme	nt based on cos	ts			
-		Pasco								
	Distrib	oution:	l w	.Ryd	ell Samuel, Ad	ministrator #	z			
	Fiscal Agent					ursement Analy	sis			
	Contrac	ct Management				·				
	Perman	nent File								
	Progran	n Development:								
	For information Only (No Change in rate)									



029550702 - 2019/10

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

Tallahassee, Florida 32308

Pre	mier Community	y HC Group - Summit		Р	rovide	r Number :	029550702				
				D	ate : 1	ate: 10/04/2019					
379	46 CHURCH A	VE		Fi	iscal Y	ear End : N	I/A				
Dad	de City, FL 335	25		Α	udit St	atus : N/A					
Pro	vider Type:				Curi	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				151.40	153.67	10/01/2019			
	Hospic	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (61 -	-)								
	#652 / H52 Continuous Home Care										
	#05	551 / 0561 Continuous Home Care									
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
Γ	Basis :	]	Rate	e Ty	pe :	7					
-		Budget		Χ		⊐ Prospecti	ive				
_		Unaudited costs				_ Total Pro	spective				
_		Desk audited costs				Prospect	ive Adjusted for	New costs			
_		Field audited costs				_					
_		Medicare - Prospective				 Interim					
	Χ	Payment System Rate				Total Inte	erim				
_		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Pasco									
	Distribution	<u>.</u>		W.R	Rydell	Samuel, Ad	ministrator #	ζ			
	Fiscal Agent		-				ursement Analy	sis			
	Contract Mana	agement					·				
	Permanent Fil	е									
	Program Deve	elopment:									
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029550703 - 2019/10

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

Tallahassee, Florida 32308

Pre	emier Communit	ty Healthcare Group - New Port Rich	ev	Prov	vider Number :	029550703				
		, ,	,		ate : 10/04/2019					
PC	Box 232				al Year End : N	J/A				
Da	de City, FL 335	526		Aud	it Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
		Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			151.40	153.67	10/01/2019			
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Туре	e :					
·		 Budget		X	——— Prospect	ive				
•		Unaudited costs			Total Pro	spective				
-		Desk audited costs			Prospect	ive Adjusted for	New costs			
-		Field audited costs								
•		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cos	ts			
		Pasco								
	Distribution		<u> </u>	V.Ryc	dell Samuel, Ac	Iministrator //	z			
	Fiscal Agent		_			oursement Analy	sis			
	Contract Man	agement				•				
	Permanent Fi	le								
	Program Dev	elopment:								
	For	)								



029550704 - 2019/10

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

Tallahassee, Florida 32308

Pre	emier Com	munity Healthcare - Dade City			Pro	vider Number :	029550704				
					Dat	Pate: 10/04/2019					
РС	Box 232				Fisc	cal Year End : I	N/A				
Da	de City, FL	. 33526			Auc	lit Status : N/A					
Pro	ovider Typ	e:				Current Rate	New Rate	Effective Date			
	R	tural Health Clinic									
	S	wing-Bed Provider									
	X F	ederally Qualified Health Centers				151.40	153.67	10/01/2019			
	Н	lospice Provider									
		#651 / H51 Routine Home Care (1-6	60)								
		#651a / H5L Routine Home Care (6	1 +)								
		#652 / H52 Continuous Home Care									
		#0551 / 0561 Continuous Home Ca	re - SIA								
		#655 / H55 Inpatient Respite Care									
		#656 / H56 General Inpatient Care									
		#659 Room and Board									
ſ	Basis	<b>3</b> :		Rate	Тур	e :					
L		 Budget			X	 Prospec	tive				
-		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospec	tive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Х	Payment System Rate				Total Inte	erim				
•		Average Nursing Home Rate				Settleme	ent based on cos	ts			
-		Pasco									
	<u>Distribu</u>	ution:		٧	V.Ry	dell Samuel, Ad	dministrator	ζ			
	Fiscal Agent			N	/ledic	aid Cost Reiml	oursement Analy	sis			
	Contract	Management									
	Permane	ent File									
	Program	Development:									
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029550714 - 2019/10

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

Tallahassee, Florida 32308

		Medicald Reillibursement Fer Dier	II Itales IUI	INOII	institutional i	FIOVILLEIS	
Premie	er Community	y Healthcare-Pasco Co		Provi	der Number :	029550714	
				Date	: 10/04/2019		
P.O.Bo	x 232			Fisca	al Year End : N	I/A	
Dade 0	City, FL 335	26		Audit	Status : N/A		
Provid	ler Type:			С	urrent Rate	New Rate	Effective Date
	Rural I	Health Clinic				,	
	Swing	-Bed Provider					
Х	Federa	ally Qualified Health Centers			151.40	153.67	10/01/2019
	Hospid	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +)	)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care -	SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :	7	Rate	Туре	: ]		
		_J Budget		X	——I Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
-		Medicare - Prospective	-		Interim		
	Χ	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	s
		Pasco					
<u>D</u>	istribution	<u> </u>	W	/.Rvde	ell Samuel, Ad	ministrator #	~
Fi	scal Agent		_			ursement Analys	sis
C	ontract Mana	agement			-	,	
Р	ermanent Fil	le					
P	rogram Deve	elopment:					
	For i	nformation Only (No Change in rate)					



029550716 - 2019/10

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

Lancate and Ban Blanc Batas for New Jord's College I Basel Jane

		Medicaid Reimbursement Per D	<u>iem R</u>	ates for N	on-Ins	<u>titutional l</u>	<u>Providers</u>				
Pre	emier Comm He	ealth Care Group-Denton Ave		Р	Provider Number : 029550716						
				D	ate : 10	)/04/2019					
Ρ.0	D Box 232			Fi	scal Ye	ear End : N	I/A				
Da	de City, FI 335	26		А	Audit Status : N/A						
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	Rural	Health Clinic						,			
	Swing	g-Bed Provider									
	X Feder	ally Qualified Health Centers				151.40	153.67	10/01/2019			
	Hospi	ice Provider									
	#6	51 / H51 Routine Home Care (1-6	0)								
	#651a / H5L Routine Home Care (61 #652 / H52 Continuous Home Care										
	#0	e - SIA	4								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :	7		Rate Ty	pe:	1					
'		Budget	-	Х		Prospect	ive				
'		Unaudited costs	-			Total Pro	spective				
'		Desk audited costs	-			- Prospect	ive Adjusted for	New costs			
		Field audited costs	-			_					
'		Medicare - Prospective	-			Interim					
	Χ	Payment System Rate	-			Total Inte	erim				
'		Average Nursing Home Rate	-			Settleme	nt based on cost	s			
'		— Pasco				_					
	Distribution	<u>ı:</u>		W.R	Rydell S	Samuel, Ad	ministrator #	~			
	Fiscal Agent						ursement Analy				
	Contract Mar	nagement				_	,				
	Permanent F	ile									
	Program Dev	relopment:									



029550720 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Modicala Komisarcomone For Bio	m ratoo r	<u> </u>	<u> </u>	<u> </u>	10110010		
Pre	emier Communi	ty Healthcare Group Brooksville		Provider Number : 029550720					
				D	ate : 1	0/04/2019			
300	) South Main St	reet		F	iscal Y	ear End : N	I/A		
Bro	ooksville, FL 34	601		Α	udit S	tatus : N/A			
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Feder	ally Qualified Health Centers				151.40	153.67	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	-)						
	#6	52 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care - SIA								
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rat	e Ty	/pe :				
<u></u>		Budget		Χ		— Prospect	ive		
-		Unaudited costs				— Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cos	ts	
_		Pasco							
	Distribution	l <u>ı:</u>		W.F	Rydell	Samuel, Ad	ministrator #	ζ	
	Fiscal Agent		•	Med	dicaid	Cost Reimb	ursement Analy	sis	
	Contract Man	agement					·		
	Permanent Fi	le							
	Program Dev	elopment:							
	For	information Only (No Change in rate)							



029550721 - 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

		-	Medicaid Neillibursement Fer Die	ziii ivales i	<u> </u>	IVOII	-11151111	iliOnan i	TOVIUEIS		
Pre	emier Co	ommunity	/ Healthcare Group Springhill/Forest	t Oaks	F	Provider Number : 029550721					
					[	Date	: 10/04	4/2019			
75	51 Fores	st Oaks E	Blvd		F	Fisca	al Year	End : N	/A		
Sp	ringhill,	FL 3460	6		ļ	Audit Status : N/A					
Pr	ovider T	уре:				С	urrent	Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers					151.40	153.67	10/01/2019	
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	i1a / H5L Routine Home Care (61 -	+)							
	#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - S										
		- SIA									
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rat	te T	уре	:				
'			Budget		X	(		rospecti	ve		
			Unaudited costs				T	otal Pro	spective		
			Desk audited costs				<u>—</u> Р	rospecti	ve Adjusted for	New costs	
			Field audited costs								
			Medicare - Prospective				In	iterim			
		X	Payment System Rate				T	otal Inte	rim		
			Average Nursing Home Rate				s	ettleme	nt based on cost	s	
			Pasco								
	Distr	<u>ibution:</u>	<u>.                                    </u>		W.	.Ryde	ell Sam	nuel, Ad	ministrator #	·	
	Fiscal	Agent							ursement Analys	sis	
	Contr	act Mana	agement						,		
	Perma	anent File	е								
	Progr	am Deve	elopment:								



029550723 - 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

		-	Medicald Kellibursellielit Fer Di	eiii Naies i	<u> </u>	IAOI I-	iiisiitutioiiai i	FIOVIUEIS	
Pr	emier Co	mmunity	Healthcare Group		F	Provi	der Number :	029550723	
					[	Date	: 10/04/2019		
37	840 Med	lical Arts	Ct		F	Fisca	I Year End : N	I/A	
Ze	phyrhills	, FL 335	541		1	Audit	Status : N/A		
Pr	ovider T	уре:				С	urrent Rate	New Rate	Effective Date
		Rural F	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	Ily Qualified Health Centers				151.40	153.67	10/01/2019
		Hospic	e Provider						
		#65	1 / H51 Routine Home Care (1-60	)					
		#65	1a / H5L Routine Home Care (61	+)					
		#65	2 / H52 Continuous Home Care						
	#0551 / 0561 Continuous Home Care								
		#65	5 / H55 Inpatient Respite Care						
		#65	6 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :	]	Rat	e T	Гуре	:		
			Budget		Χ	(	Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs						
			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	S
			Pasco						
	Distr	ibution:		1	W.	.Ryde	ell Samuel, Ad	ministrator #	~
	Fiscal	Agent						ursement Analys	sis
	Contra	act Mana	agement					,	
	Perma	anent File	е						
	Progra	am Deve	lopment:						



029551500 - 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

		-	Medicaid Reimbursement Per L	Diem Rates for	NOI	n-institutional	<u>Providers</u>				
Се	ntral Flo	rida Fam	nily Health Center		Pro	vider Number :	029551500				
					Dat	e: 10/04/2019					
493	30 E. La	ke Mary	Blvd		Fisc	cal Year End : N	N/A				
Sa	nford, FL	32771	6012		Audit Status : N/A						
Pro	ovider T	уре:				Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			115.62	117.36	10/01/2019			
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	50)							
		#65	1a / H5L Routine Home Care (6	1 +)							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Ca	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :	1	Rate	Тур	e :					
•			Budget		X	Prospec	tive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospec	tive Adjusted for	New costs			
•			Field audited costs								
•			Medicare - Prospective			Interim					
_	2	X	Payment System Rate			Total Into	erim				
			Average Nursing Home Rate			Settleme	ent based on cost	rs			
-			Seminole								
	Distri	bution:	<u> </u>	I	V.Rv	dell Samuel, Ad	dministrator	<u> </u>			
	Fiscal	Agent		_			oursement Analys				
	Contra	act Mana	agement				,				
	Perma	anent File	е								
	Progra	am Deve	elopment:								



029551502 - 2019/10

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

Tallahassee, Florida 32308

				<del>-                                    </del>		oa.ioiiai	101100	
Се	ntral Florida Far	mily Health-Alafaya		F	Provid	der Number :	029551502	
					Date	: 10/04/2019		
118	381-A E. Colonia	al Dr.		F	Fiscal	l Year End : N	I/A	
Orl	ando, Fl 32826			A	Audit	Status : N/A		
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				115.62	117.36	10/01/2019
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
ſ	Basis :	7	Rat	e T	ype	 : ]		
١.		Budget		X		Prospecti	ive	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				Prospecti	ive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Orange						
	Distribution			W.I	Rvde	ell Samuel, Ad	ministrator #	?
	Fiscal Agent						ursement Analy	sis
	Contract Man	agement					,	
	Permanent Fi	le						
	Program Deve	elopment:						
	For	information Only (No Change in rate)	ı					



029551504 - 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 Die	m Rates for	NON	-institutionai	<u>Providers</u>	
Се	ntral Florida Fa	mily Health - Underhill Road		Prov	vider Number :	029551504	
				Date	e: 10/04/2019		
493	30 E. Lake Mary	/ Blvd		Fisc	al Year End : N	I/A	
Sa	nford, FL 3277	1		Aud	it Status : N/A		
Pro	ovider Type:			(	Current Rate	New Rate	Effective Date
	Rural	Health Clinic					,
	Swing	<sub>J</sub> -Bed Provider					
	X Feder	ally Qualified Health Centers			115.62	117.36	10/01/2019
	Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +	-)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
ſ	Basis :		Rate	Туре	<b>:</b>		
ָ 		 Budget		X	Prospect	ive	
-		Unaudited costs			Total Pro	spective	
-		Desk audited costs			Prospect	ive Adjusted for	New costs
-		Field audited costs					
•		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
-		Average Nursing Home Rate			Settleme	nt based on cost	ts
-		Seminole	-				
	Distribution	<u>ı:</u>	W	/.Rvc	lell Samuel, Ad	ministrator #	~
	Fiscal Agent					oursement Analys	sis
	Contract Man	agement					
	Permanent F	ile					
	Program Dev	elopment:					
	For	information Only (No Change in rate)					



029551506 - 2019/10

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

Tallahassee, Florida 32308

		modical a Rolling at Compile 1 of Dio	m ratoo r	<u> </u>	1011	montanionar	TOTIGOTO		
Ce	ntral Florida Far	mily Health Center - Lake Ellenor		Provider Number : 029551506					
				Γ	Date	: 10/04/2019			
493	30 E. Lake Mary	Blvd		F	Fisca	I Year End : N	I/A		
Saı	nford, FL 32771	1		A	Audit	Status : N/A			
Pro	vider Type:				С	urrent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				115.62	117.36	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rat	e T	уре	:			
<u></u>		Budget		X	,	Prospect	ive		
-		Unaudited costs				 Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
_		Average Nursing Home Rate				Settleme	nt based on cost	s	
_		Seminole							
	Distribution	l <u>::</u>		W.	Ryde	ell Samuel, Ad	ministrator #	,	
	Fiscal Agent						ursement Analys	sis	
	Contract Man	agement					,		
	Permanent Fi	le							
	Program Deve	elopment:							
	For	information Only (No Change in rate)	)						



029551513 - 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

		-	Medicald Neillibursement Fer Die	siii ivates it	<u> </u>	1011-111	Stitutional	FIOVILLEIS		
Ce	ntral Flo	rida Fam	ily Health Center - Forsyth		Р	rovide	er Number :	029551513		
					D	ate : 1	10/04/2019			
49	30 E. La	ke Mary	Blvd		F	iscal \	ear End : N	I/A		
Sa	nford, Fl	32771			A	Audit Status : N/A				
Pr	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date	
		Rural F	lealth Clinic							
		Swing-	Bed Provider							
	Χ	Federa	lly Qualified Health Centers				115.62	117.36	10/01/2019	
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)	)						
		#65	1a / H5L Routine Home Care (61	+)						
		#65	2 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care									
		#65	5 / H55 Inpatient Respite Care							
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ba	sis :		Rate	e Ty	ype :				
			Budget		Χ		Prospect	ive		
			Unaudited costs				Total Pro	spective		
			Desk audited costs				Prospect	ive Adjusted for	New costs	
			Field audited costs							
			Medicare - Prospective				Interim			
		X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	s	
			Orange							
	Distr	ibution:		1	W.F	Rydell	Samuel, Ad	ministrator #	,	
	Fiscal	Agent		_				ursement Analys	sis	
	Contra	act Mana	gement					,		
	Perma	anent File	e							
	Progra	am Deve	lopment:							



029551515 - 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

		-	Medicald Neillibursement Fer Die	em Nates 10	1 140	011-11131	illulional i	FIOVILLEIS			
Се	ntral Flo	rida Fam	nily Health Center - Silver Star		Pr	ovider	Number :	029551515			
					Da	ate : 10	/04/2019				
49	30 E Lak	ke Mary E	Blvd		Fis	scal Ye	ar End : N	I/A			
Sa	nford, Fl	32771	6012		Αι	Audit Status : N/A					
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	Χ	Federa	lly Qualified Health Centers				115.62	117.36	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care -										
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	Ту	pe :	]				
'			Budget		Χ		Prospecti	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
'			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Orange								
	Distr	ibution:		<u> </u>	W.R	ydell S	amuel, Ad	ministrator #	<u> </u>		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	Э								
	Progra	am Deve	lopment:								



029551517 - 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

		-	Medicaid Neillibursement Fer Di	em Nates it	<u> </u>	1011-1118	titutionar	FIOVILIEIS			
Се	entral Flo	rida Fam	nily Health Center		Р	Provider Number : 029551517					
Tru	ue Health	n#2			D	ate : 10	ate: 10/04/2019				
49	30 E Lak	e Mary I	Blvd		Fi	iscal Y	ear End : N	I/A			
Sa	nford, FI	32771			Α	audit Status : N/A					
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	Χ	Federa	lly Qualified Health Centers				115.62	117.36	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)							
		#65	1a / H5L Routine Home Care (61	+)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
		5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :	]	Rate	e Ty	/pe :					
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Seminole								
	Distri	bution:		1	<i>N</i> .F	Rydell S	Samuel, Ad	ministrator #	·		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	nent File	Э								
	Progra	am Deve	lopment:								



029551518 - 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

			Medicald Neillibursement Fel	Dieili Nates it	) INC	<u>/11-1113</u>	litutionai	FIOVIUCIS			
Се	ntral Flo	rida Fan	nily Hlth Ctr		Provider Number : 029551518						
Tru	ıe Health	1			Date: 10/04/2019						
493	30 E Lak	e Mary	Blvd		Fiscal Year End : N/A						
Sa	nford, FI	32771			Au	dit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic						ı		
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				115.62	117.36	10/01/2019		
		Hospid	ce Provider								
		#65	51 / H51 Routine Home Care (1	-60)					'		
		#65	51a / H5L Routine Home Care (	(61 +)							
		#65	52 / H52 Continuous Home Car	re							
		#05	551 / 0561 Continuous Home C	are - SIA							
		#65	55 / H55 Inpatient Respite Care	)							
		#65	56 / H56 General Inpatient Care	9							
		#6	59 Room and Board								
ſ	Bas	sis :	]	Rate	э Тур	oe :	7				
٠			Budget		Χ		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				- Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
•			Medicare - Prospective				Interim				
		X	Payment System Rate	-			Total Inte	erim			
			Average Nursing Home Rate Seminole				Settleme -	nt based on cost	S		
	<u>Distri</u>	<u>bution</u>	<u>-</u>	,	W.Ry	/dell S	Samuel, Ad	ministrator /	•		
		Agent		Ī	Medi	caid C	Cost Reimb	ursement Analys	sis		
			agement								
	Perma	anent Fil	е								
	Progra	am Deve	elopment:								



029551521 - 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

			Medicaid Reimbursement Per L	nem Ra	ates for in	ion-ins	stitutionai	<u>Providers</u>				
Се	ntral Flo	rida Fan	nily Health Center		Provider Number : 029551521							
Tru	e Healt	h - Airpo	rt Blvd		D	Date: 10/04/2019						
493	30 E. La	ıke Mary	Blvd.		F	Fiscal Year End : N/A						
Sa	nford, F	L 32771	-5003		А	Audit Status : N/A						
Pro	ovider 1	Гуре:				Curi	ent Rate	New Rate	Effective Date			
		Rural I	Health Clinic									
		Swing-	-Bed Provider									
	X	Federa	ally Qualified Health Centers				115.62	117.36	10/01/2019			
		Hospic	ce Provider									
		#65	51 / H51 Routine Home Care (1-6	60)				,				
		#65	51a / H5L Routine Home Care (6	1 +)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Ca	re - SIA	\							
		#65	55 / H55 Inpatient Respite Care									
		#65	56 / H56 General Inpatient Care									
		#65	59 Room and Board									
ſ	Ва	sis :		T	Rate Ty	ype :	7					
٠			Budget	-	Х		Prospect	ive				
-			Unaudited costs	_			Total Pro	spective				
•			Desk audited costs	_			Prospect	ive Adjusted for	New costs			
•			Field audited costs				_					
•			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate Seminole	_			Settleme _	nt based on cost	s			
	Distr	ibution	<u>:</u>		W.F	Rydell	Samuel, Ad	ministrator				
	Fisca	l Agent			Med	dicaid (	Cost Reimb	ursement Analys	sis			
		act Mana										
	Perm	anent Fil	e									
	Program Development:											



029552300 - 2019/10

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

Tallahassee, Florida 32308

		Medicaid Reillibursement Fer Diem	Nates IOI	NOI	i-iii5titutioiiai	FIOVILLEIS				
Fam	ily Health Cent	er of Columbia County, Inc.		Provider Number: 029552300						
				Date: 10/04/2019						
P.O.	Box 249			Fisc	Fiscal Year End : N/A					
Lake	City, FL 3205	56		Aud	it Status : N/A					
Prov	vider Type:			(	Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			103.24	104.79	10/01/2019			
	Hospid	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care - S	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :	1	Rate	Туре	<del></del>					
<u> </u>		_J Budget		X	 Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs	<u> </u>		Prospect	ive Adjusted for	New costs			
		Field audited costs	<u> </u>							
		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	s			
		Columbia								
	Distribution	<u> </u>	W	V.Ryc	dell Samuel, Ad	ministrator Tr	<u> </u>			
	Fiscal Agent					ursement Analys	sis			
	Contract Mana	agement				,				
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



029554000 - 2019/10

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

Tallahassee, Florida 32308

Во	Borinquen Health Care Center, Inc.			Provider Number : 029554000							
				Date: 10/04/2019							
360	01 Federal High	way 3rd Floor		Fisc	cal Ye	ar End : N	I/A				
Mia	ami, FL 33137			Audit Status : N/A							
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date			
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				130.88	132.85	10/01/2019			
	Hospic	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (61 -	+)								
	#65	52 / H52 Continuous Home Care									
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :		Rate	Тур	e :						
<u></u>		Budget		X		Prospecti	ive				
-		Unaudited costs	-			Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
-		Average Nursing Home Rate				Settleme	nt based on cos	ts			
		Dade									
	Distribution		V	V.Ry	dell Sa	amuel, Ad	ministrator #	ζ			
	Fiscal Agent						ursement Analy	sis			
	Contract Mana	agement					·				
	Permanent Fil	е									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



029554002 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Rollingaroomont i or Bio	m racoo r	<u> </u>	10	<u> </u>	10114010			
Bor	inquen Health C	Care - Federal Hwy		Provider Number : 029554002						
				Date: 10/04/2019						
360	1 Federal High	way 3rd Floor		Fiscal Year End : N/A						
Mia	mi, FL 33137			A	Audit Status : N/A					
Pro	vider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				130.88	132.85	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
Γ	Basis :		Rat	e T	ype :	 :				
		Budget		X		Prospect	ive			
_		Unaudited costs				Total Pro	spective			
_		Desk audited costs				Prospect	ive Adjusted for	New costs		
_		Field audited costs								
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Dade								
	Distribution			W.	Ryde	II Samuel, Ad	ministrator #	·		
	Fiscal Agent						ursement Analys	sis		
	Contract Mana	agement					,			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029554003 - 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

		-	Medicaid Neillibursellient Fer Die	eiii ivales io	1 140	<u> </u>	ilulionai	FIOVILLEIS		
Во	rinquen	Health C	are Center, SW 8th Street		Pr	Provider Number : 029554003				
					Da	ate : 10	/04/2019			
36	01 Fede	ral Highw	ay, 3rd Floor Finance		Fis	iscal Year End : N/A				
Mi	ami, FL	3313737	95		Αu	udit Status : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic					ı		
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				130.88	132.85	10/01/2019	
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)	)				,		
		#65	1a / H5L Routine Home Care (61	+)						
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Care	- SIA						
		#65	5 / H55 Inpatient Respite Care							
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ba	sis :		Rate	Ту	pe:	]			
			Budget		Χ		Prospect	ive		
			Unaudited costs				Total Pro	spective		
			Desk audited costs				Prospect	ive Adjusted for	New costs	
			Field audited costs				_			
			Medicare - Prospective				Interim			
		X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	is	
			Dade							
	Distr	ibution:		<u> </u>	V.R	ydell S	amuel, Ad	ministrator #	~	
	Fiscal	Agent		_				ursement Analys	sis	
	Contra	act Mana	gement					,		
	Perma	anent File	9							
	Progra	am Deve	lopment:							



029554016 - 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

		-	Medicald Neillibursement Fer Di	em ivales id	<u>/I I</u>	1011-11	Stitutional	<u>FIOVIUEIS</u>			
Во	rinquen	Health C	are Center		Р	Provide	er Number :	029554016			
					С	Date :	10/04/2019				
36	01 Fede	ral Hwy,	6th Floor		F	iscal `	iscal Year End : N/A				
Mi	ami, FL	3313737	95		A	Audit S	udit Status : N/A				
Pr	ovider T	уре:				Cu	rrent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				130.88	132.85	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)							
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ba	sis :	]	Rate	e Ty	ype :					
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distr	ibution:		,	W.F	Rydell	Samuel, Ad	ministrator #	~		
	Fiscal	Agent		-				oursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	9								
	Progra	am Deve	lopment:								



029554019 - 2019/10

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

Tallahassee, Florida 32308

				<u> </u>		oationar	10114010			
Boı	rinquen Health (	Care Center - 19		Provider Number : 029554019						
				Date: 10/04/2019						
360	)1 Federal High	way		Fiscal Year End : N/A						
Mia	nmi, FL 331373	795		1	Audit Status : N/A					
Pro	ovider Type:				(	Current Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				130.88	132.85	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	e T	Гуре	):				
<b>י</b>		Budget	<u> </u>	Х	(	Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Dade								
	Distribution	<u>:</u>		W.	.Ryd	lell Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analys	sis		
	Contract Mana	agement					,			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029554021 - 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 Die	em Rates for	r NC	n-ins	titutionai	<u>Providers</u>			
Во	rinquen H	Health C	Care Center - 21		Pro	ovider	Number :	029554021			
					Da	te : 10	0/04/2019				
360	01 Feder	al High	way, 6th Floor		Fis	cal Ye	ear End : N	I/A			
Mia	ami, FL 3	331373	795		Au	Audit Status : N/A					
Pro	ovider Ty	/pe:				Curr	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				130.88	132.85	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60)	)							
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
ſ	Bas	is:	7	Rate	Тур	oe :	7				
١.			□ Budget		Χ		Prospect	ive			
-			Unaudited costs				– Total Pro	spective			
-			Desk audited costs				- Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
•			Medicare - Prospective				Interim				
	>	(	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate				Settleme	nt based on cost	s		
-			Dade				_				
	Distri	bution	<u>.</u>	<u>Ι</u> ν	۷.R۱	/dell S	Samuel, Ad	ministrator #	<u> </u>		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	ct Mana	agement					,			
	Perma	nent Fil	е								
	Progra	m Deve	elopment:								
		For i	nformation Only (No Change in rate	)							



029554023 - 2019/10

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

Tallahassee, Florida 32308

				<del>•</del>						
Boı	inquen Health (	Care Center - 23		Provider Number : 029554023						
				Date: 10/04/2019						
360	1 Federal High	way		Fiscal Year End : N/A						
Mia	ımi, FL 331373	795		Α	Audit	Status : N/A				
Pro	vider Type:				Сι	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				130.88	132.85	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rat	e T	ype :					
<b>י</b>		Budget		Χ		 Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Dade								
	Distribution			W.I	Ryde	II Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analy	sis		
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



029554025 - 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

		-	Medicaid Reimbursement Per L	<u>Jiem Rates for</u>	NOI	<u>ı-ınstitutionai</u>	<u>Providers</u>					
Во	rinquen	Health C	Care Center - 25		Prov	vider Number :	029554025					
					Date	e: 10/04/2019						
36	01 Fede	ral Highv	vay		Fiscal Year End : N/A							
Mia	ami, FL	3313737	795		Audit Status : N/A							
Pro	ovider T	уре:				Current Rate	New Rate	Effective Date				
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers			130.88	132.85	10/01/2019				
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	60)								
		#65	1a / H5L Routine Home Care (6	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Ca	re - SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :	]	Rate	Туре	e :						
Ì			Budget		X	Prospect	ive					
			Unaudited costs			Total Pro	spective					
			Desk audited costs			Prospect	ive Adjusted for	New costs				
			Field audited costs									
			Medicare - Prospective			Interim						
	,	X	Payment System Rate			Total Inte	erim					
			Average Nursing Home Rate			Settleme	nt based on cost	ts				
			Dade									
	Distri	ibution:	<u> </u>	I	V.Ryc	dell Samuel, Ad	Iministrator	~				
	Fiscal	Agent					oursement Analys					
	Contra	act Mana	agement				·					
	Perma	anent File	е									
	Progra	am Deve	lopment:									



029554041 - 2019/10

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Tallahassee, Florida 32308

		Modicala Komisal Comont 1 of Bio	m ratoo			momanionar	TO TIGOTO			
Во	rinquen Health (	Care Center - 7th Street		I	Provider Number : 029554041					
				I	Date	: 10/04/2019				
360	01 Federal High	way		Fiscal Year End : N/A						
Mia	ami, FL 331373	795		,	Audit	Status : N/A				
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				130.88	132.85	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Ra	te T	уре	:				
<b>ַ</b>		Budget		Х	(	Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Dade								
	Distribution			W.	.Ryde	ell Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analy	sis		
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



029554043 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		-	Medicald Reillibursement Fer	Dieili Nates IC	<u>'I IN</u>	OH-III	SiliuliOllai	I IOVIGEIS		
Во	rinquen	Health C	Care Center		Provider Number: 029554043					
Ke	ndall Re	gional			D	Pate: 10/04/2019				
360	01 Fede	ral Highv	vay		Fi	iscal Y	ear End : N	I/A		
Mia	ami, FL	3313737	795		A	udit St	atus : N/A			
Pro	ovider T	уре:				Curi	rent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	Illy Qualified Health Centers				130.88	132.85	10/01/2019	
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-	60)						
		#65	51a / H5L Routine Home Care (6	61 +)						
		#65	52 / H52 Continuous Home Care	•						
		#05	551 / 0561 Continuous Home Ca	are - SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :		Rate	• Ту	/pe :	7			
			Budget		Χ		Prospect	ive		
			Unaudited costs				Total Pro	spective		
			Desk audited costs	<u> </u>			Prospect	ive Adjusted for	New costs	
			Field audited costs				_			
			Medicare - Prospective				Interim —			
_		X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme —	nt based on cost	s	
			Dade							
	Distr	ibution:	<u>.</u>		N.F	Rydell	Samuel, Ad	ministrator #	~	
	Fiscal	Agent		_				oursement Analys	sis	
	Contra	act Mana	agement					,		
	Perma	anent File	е							
	Progra	am Deve	elopment:							



029554045 - 2019/10

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

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		Modicala Rollingal Comone For Dio	minitatoo i	<u> </u>		momanionar	TOTIGOTO			
Boı	inquen Health (	Care Center North Miami		I	Provi	der Number :	029554045			
				I	Date	: 10/04/2019				
126	303 NE 7th Aver	nue		Fiscal Year End : N/A						
No	rth Miami, FL 3	3161		,	Audit	Status : N/A				
Pro	vider Type:				С	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				130.88	132.85	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rat	e T	уре	:				
<b>י</b>		Budget	L	Х	(	 Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Dade								
	Distribution			W.	.Ryde	ell Samuel, Ad	ministrator #	?		
	Fiscal Agent			Me	edica	id Cost Reimb	ursement Analys	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



029557400 - 2019/10

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

Tallahassee, Florida 32308

		-	Medicald Neillibursement Fer Diel	II Nates 10	INC	<u>///-///3</u>	illutional i	FIOVILLEIS			
Su	ncoast C	Commun	ity HCC - Ruskin		Provider Number : 029557400						
					Da	te : 10	)/04/2019				
P.C	D. Box 1	349			Fis	cal Ye	ear End : N	I/A			
Ru	skin, FL	33570			Au	dit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	Health Clinic					,			
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				150.63	152.89	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61 +)	)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care -	SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ba	sis :	7	Rate	Тур	oe :	]				
ו ו			Budget		Χ		⊐ Prospecti	ive			
•			Unaudited costs				- Total Pro	spective			
•			Desk audited costs	-			- Prospecti	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				- Interim				
		X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	ts		
-			Hillsborough				_				
	Distr	ibution:		V	V.Ry	dell S	Samuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					·			
	Perma	anent File	e								
	Progra	am Deve	elopment:								
		For i	nformation Only (No Change in rate)								



029557401 - 2019/10

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Tallahassee, Florida 32308

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

			Medicaid Neilliburseilleilt Fei	Dieili Nates IO	I IVO	i-iiisiitutioiia	I FIOVICEIS				
Su	ncoast (	Commun	ity Health Centers		Provider Number: 029557401						
Wc	men ar	nd Childre	en Community Health Center		Dat	e: 10/04/2019	9				
РС	Box 20	)96			Fisc	cal Year End :	N/A				
Pla	nt City,	FL 3356	63		Auc	lit Status : N/A	1				
Pro	ovider 1	Гуре:				Current Rate	New Rate	Effective Date			
		Rural I	Health Clinic				'				
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			150.6	152.89	10/01/2019			
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-	60)			·				
		#6	51a / H5L Routine Home Care (6	61 +)							
		52 / H52 Continuous Home Care	•								
		#0	551 / 0561 Continuous Home Ca	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
ſ	Ва	ısis :	7	Rate	Тур	e :					
٠			Budget		Χ	Prospe	ctive				
-			Unaudited costs			Total P	rospective				
•			Desk audited costs			Prospe	ctive Adjusted for	New costs			
•			Field audited costs								
•			Medicare - Prospective			Interim					
_		Χ	Payment System Rate			Total Ir	terim				
_			Average Nursing Home Rate			Settlem	ent based on cos	ts			
			Hillsborough								
	Distr	ibution	<u>.</u>	I	V.Rv	dell Samuel, A	Administrator M	z			
	Fisca	I Agent		_			nbursement Analy	sis			
	Contr	act Mana	agement				,				
	Perm	anent Fil	е								
	Program Development:										



029557402 - 2019/10

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

Tallahassee, Florida 32308

Su	Suncoast Community HCC- Plant City			Provider Number : 029557402							
				Date: 10/04/2019							
P.C	D.Box 2096			Fiscal Year End : N/A							
Pla	nt City, FI 33566	3		Audit Status : N/A							
Pro	vider Type:				Curr	ent Rate	New Rate	Effective Date			
	Rural F	lealth Clinic						'			
	Swing-	Bed Provider									
	X Federa	lly Qualified Health Centers				150.63	152.89	10/01/2019			
	Hospic	e Provider									
	#65	1 / H51 Routine Home Care (1-60)						'			
	#65	1a / H5L Routine Home Care (61 -	+)								
	#65	2 / H52 Continuous Home Care									
	#05	51 / 0561 Continuous Home Care	- SIA								
	#65	5 / H55 Inpatient Respite Care									
	#65	6 / H56 General Inpatient Care									
	#65	9 Room and Board									
ſ	Basis :	7	Rate	Тур	e :	]					
ן נ		Budget		X		⊐ Prospect	ive				
-		Unaudited costs	·			- Total Pro	spective				
-		Desk audited costs				- Prospect	ive Adjusted for	New costs			
-		Field audited costs				_					
-		Medicare - Prospective				- Interim					
	Χ	Payment System Rate				Total Inte	erim				
-		Average Nursing Home Rate				Settleme	nt based on cos	ts			
		Hillsborough									
	<u>Distribution:</u>		V	V.Ry	dell S	Samuel, Ad	ministrator #	z			
	Fiscal Agent		_				ursement Analy	sis			
	Contract Mana	gement					,				
	Permanent File	Э									
	Program Deve	lopment:									
	For ir	nformation Only (No Change in rate)	)								



029557403 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Kombarcomont For Bro	min itato	0 101			<u>titutioiiui</u>	10110010			
Su	ncoast Comm	unity HCC - Mobley Street			Pro	ovider	Number :	029557403			
					Da	Date : 10/04/2019					
P.C	D. Box 1349				Fis	cal Ye	ear End : N	I/A			
Ru	skin, FL 3357	75			Au	dit Sta	atus : N/A				
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rura	al Health Clinic						,			
	Swir	ng-Bed Provider									
	X Fede	erally Qualified Health Centers					150.63	152.89	10/01/2019		
	Hos	pice Provider									
	#	#651 / H51 Routine Home Care (1-60)									
	#	#651a / H5L Routine Home Care (61 -	+)								
	#	#652 / H52 Continuous Home Care									
	#	#0551 / 0561 Continuous Home Care	- SIA								
	#	#655 / H55 Inpatient Respite Care									
	#	#656 / H56 General Inpatient Care									
	#	#659 Room and Board									
ſ	Basis :		F	Rate	Тур	oe :	1				
ָ 		Budget			Χ		∟ Prospect	ive			
-		Unaudited costs					- Total Pro	spective			
-		Desk audited costs					- Prospect	ive Adjusted for	New costs		
•		Field audited costs					_				
-		Medicare - Prospective					Interim				
	Χ	Payment System Rate					Total Inte	erim			
•		Average Nursing Home Rate					Settleme	nt based on cos	ts		
•		Hillsborough					_				
	Distribution	<u>on:</u>		V	V.Ry	/dell S	Samuel, Ad	ministrator #	ζ		
	Fiscal Agen	t		_				ursement Analy	sis		
	Contract Ma	anagement						·			
	Permanent	File									
	Program De	evelopment:									
	Fo	or information Only (No Change in rate)	)								



029557405 - 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

<u>Medicaid Reimbursement Per Die</u>				<u>Jiem Rates to</u>	rinc	n-institutionai	<u>Providers</u>				
Su	uncoast Community Health Centers					Provider Number : 029557405					
Jo	ce Ely (	Commun	ity Health Center		Date: 10/04/2019						
PC	Box 13	49			Fis	Fiscal Year End : N/A					
Ru	skin, FL	33575			Au	dit Status : N/A					
Pre	ovider T	уре:				Current Rate	New Rate	Effective Date			
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			150.63	152.89	10/01/2019			
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	50)			'				
		#65	51a / H5L Routine Home Care (6	1 +)							
	#652 / H52 Continuous Home Care										
		#05	551 / 0561 Continuous Home Ca	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	sis :		Rate	тур	pe:					
ן ו			コ Budget		Х	——— Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
•			Field audited costs								
			Medicare - Prospective			Interim					
		Χ	Payment System Rate	-		Total Inte	erim				
			<ul> <li>Average Nursing Home Rate</li> </ul>	-		Settleme	nt based on cost	S			
•			– Hillsborough								
	Distr	ibution	<u>.</u>	I	۷.R۱	ydell Samuel, Ac	Iministrator #	~			
	Fiscal	Agent		_			oursement Analys	sis			
	Contra	act Mana	agement				- · · · · · · · · · · · · · · · · · · ·				
	Perma	anent Fil	е								
	Progra	am Deve	elopment:								



029557408 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

			<u> Medicaid Reimbursement Per L</u>	nem Rates for	NON-	institutionai	<u>Providers</u>				
Su	ncoast (	Commun	ity Health Centers		Provider Number: 029557408						
Su	ncoast l	Mobile D	ental Van		Date: 10/04/2019						
РС	Box 13	349			Fisca	I Year End : N	I/A				
Ru	skin, FL	33575			Audit	Status : N/A					
Pro	ovider T	Гуре:			Cı	urrent Rate	New Rate	Effective Date			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			150.63	152.89	10/01/2019			
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	0)							
		#6	51a / H5L Routine Home Care (61	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Car	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	sis :		Rate	Туре	:					
•			Budget		X	Prospect	ive				
			Unaudited costs			Total Pro	spective				
			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	ts			
			Hillsborough								
	Distr	ibution	<u>.</u>	_I	/.Ryde	ell Samuel, Ad	Iministrator	·			
	Fisca	l Agent					oursement Analys				
	Contr	act Mana	agement				,				
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



029557409 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

			Medicaid Neilliburseilleilt Fer D	rem Nates 10	/ INC	/11-11131	itutionai	FIOVILLEIS			
Su	ncoast (	Commun	ity Health Centers, Inc.		Pro	Provider Number : 029557409					
Bra	andon C	ommunit	y Health Center		Da	Date: 10/04/2019					
РС	Box 40				Fis	cal Ye	ar End : N	I/A			
Do	ver, FL	33527			Au	dit Sta	tus : N/A				
Pro	ovider 1	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing-	-Bed Provider								
	X	Federa	ally Qualified Health Centers				150.63	152.89	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	0)							
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
[	Ва	sis :		Rate	e Typ	oe :	]				
٠			Budget		Χ		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Hillsborough				_				
	Distr	ibution	<u>:</u>	,	W.R	/dell S	amuel, Ad	ministrator	<u> </u>		
	Fisca	l Agent		_				ursement Analys	sis		
	Contr	act Mana	agement					•			
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



029557412 - 2019/10

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

		Medicaid Neillibursement Per	Dieili i	vales ioi	IVOI	<u></u>	FIOVIUEIS				
Su	ncoast Com	munity Health Centers			Provider Number : 029557412						
Oa	kfield Comm	unity Health Center			Dat	Date : 10/04/2019					
13	110 Elk Mou	ntain Drive			Fisc	Fiscal Year End : N/A					
Riv	verview, FL	33579			Aud	lit Status : N/A					
Pro	ovider Type	:				Current Rate	New Rate	Effective Date			
	Ru	ral Health Clinic									
	Sw	ing-Bed Provider									
	X Fee	derally Qualified Health Centers				150.63	152.89	10/01/2019			
	Но	spice Provider									
		#651 / H51 Routine Home Care (1-	60)								
		#651a / H5L Routine Home Care (6	i1 +)								
		<b>)</b>									
		#0551 / 0561 Continuous Home Ca	ıre - SI	Α							
		#655 / H55 Inpatient Respite Care									
		#656 / H56 General Inpatient Care									
		#659 Room and Board									
	Basis :			Rate	Тур	e :					
		Budget	'	Ż	X	Prospect	ive				
•		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
•		Field audited costs	-								
•		Medicare - Prospective	-			Interim					
	X	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate Hillsborough	-			Settleme	nt based on cost	s			
	Distribut	ion:		W	/.Ry	dell Samuel, Ac	ministrator				
	Fiscal Age	ent		M	ledic	aid Cost Reimb	ursement Analys	sis			
	Contract N	<i>l</i> lanagement									
	Permanen	t File									
	Program D	Development:									



029557414 - 2019/10

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

		-	Medicaid Neimbursement Fer i	<u> </u>	ates ioi i	NOII-III	stitutionari	FIOVIU <del>CIS</del>			
Su	ncoast (	Communi	ity Health Centers		Provider Number: 029557414						
Oa	kfield C	ommunit	y Dental Care			Date: 10/04/2019					
13	110 Elk	Mountair	n Drive		F	iscal Y	ear End : N	I/A			
Ri۱	erview,	FL 3357	79		A	Audit St	atus : N/A				
Pro	ovider 1	Гуре:				Curi	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				150.63	152.89	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	60)					,		
		#65	1a / H5L Routine Home Care (6	1 +)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Ca	re - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	1		Rate T	ype :					
١			Budget		Х		⊐ Prospect	ive			
•			Unaudited costs	_			_ Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				_ Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate Hillsborough	_			Settleme	nt based on cost	s		
	Distr	ibution:			W.I	Rydell	Samuel, Ad	ministrator			
	Fisca	l Agent			Me	dicaid (	Cost Reimb	ursement Analys	sis		
	Contr	act Mana	gement								
	Perm	anent File	е								
	Progr	am Deve	lopment:								



029557416 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		-	Medicald Neimbursement Fer	Dieiii Mates IC	<u>'I IN</u>	OHPHIS	illulional	I IOVIU <del>CIS</del>		
Su	uncoast Community Health Centers, Inc.					Provider Number : 029557416				
SC	HC Won	nens Ca	re of Lakeland		D	ate: 10/04/2019				
131	110 Elk N	Mountair	n Dr.		Fi	scal Y	ear End : N	I/A		
Riv	erview, I	FL 3357	79		Αı	udit St	atus : N/A			
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date	
		Rural H	Health Clinic							
		Swing-	Bed Provider							
	X	Federa	Ily Qualified Health Centers				150.63	152.89	10/01/2019	
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1	-60)					,	
		#65	i1a / H5L Routine Home Care (	61 +)						
		#65	2 / H52 Continuous Home Car	е						
		#05	551 / 0561 Continuous Home C	are - SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care	•						
		#65	9 Room and Board							
	Bas	sis :		Rate	ту	pe :	7			
<b></b>			Budget		Χ		Prospect	ive		
-			Unaudited costs	-			Total Pro	spective		
-			Desk audited costs				Prospect	ive Adjusted for	New costs	
-			Field audited costs				_			
•			Medicare - Prospective				Interim			
	>	<	Payment System Rate				Total Inte	erim		
_			Average Nursing Home Rate Polk				Settleme	nt based on cost	s	
	Distri	bution:	<u>.</u>	,	N.R	Rydell S	Samuel, Ad	ministrator #	<u> </u>	
	Fiscal	Agent		-	Med	dicaid (	Cost Reimb	ursement Analys	sis	
	Contra	ct Mana	agement							
	Perma	nent File	e							
	Progra	ım Deve	elopment:							



029557417 - 2019/10

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

			Medicaid Neillibursellielit Fer	Dieili Nates IO	1 140	<u>II-IIISIIIU</u>	lionai	FIOVILLEIS			
Su	ncoast Community Health Center				Provider Number: 029557417						
Su	ncoast	Mobile M	ledical Bus		Date: 10/04/2019						
13	I10 Elk	Mountai	n Drive		Fiscal Year End : N/A						
Riv	erview,	, FL 335	79		Auc	dit Status	: N/A				
Pro	vider <sup>-</sup>	Туре:				Current	Rate	New Rate	Effective Date		
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				150.63	152.89	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-	60)							
		#6	51a / H5L Routine Home Care (6	61 +)							
		e									
		#0	551 / 0561 Continuous Home Ca	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	asis :	7	Rate	Тур	e :					
٠			Budget		Χ	 Pı	rospect	ive			
•			Unaudited costs	-		To	otal Pro	spective			
			Desk audited costs			Pı	rospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective			In	terim				
		Χ	Payment System Rate			To	otal Inte	erim			
			Average Nursing Home Rate			Se	ettleme	nt based on cost	s		
			Hillsborough								
	Dist	ribution	<u>:</u>	I	V.Rv	dell Sam	uel, Ad	ministrator #	·		
	Fisca	l Agent		_				ursement Analys	sis		
	Conti	ract Man	agement					,			
	Perm	anent Fi	le								
	Program Development:										



029557420 - 2019/10

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

	<u>Medicaid Reimbursement Per Diem Rates i</u>				or Non-institutional Providers						
Su	ncoast Commun	nity Health Centers		Prov	rovider Number : 029557420						
Wi	mauma Commu	nity Health Center		Date	Pate: 10/04/2019						
13	110 Elk Mountai	n Drive		Fisc	Fiscal Year End : N/A						
Riv	erview, FL 335	79		Aud	Audit Status : N/A						
Pro	ovider Type:				Current Rate	New Rate	Effective Date				
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers			150.63	152.89	10/01/2019				
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-6	0)								
	#6	51a / H5L Routine Home Care (61	l +)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Car	re - SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Туре	e:						
•		 Budget		Χ	Prospect	tive					
•		Unaudited costs			Total Pro	spective					
•		Desk audited costs			Prospect	tive Adjusted for	New costs				
•		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
		Average Nursing Home Rate			Settleme	ent based on cost	ts				
•		Hillsborough									
	Distribution	<u>.</u>	I	V.Rvo	dell Samuel, Ad	dministrator #					
	Fiscal Agent		_			oursement Analy	sis				
	Contract Mana	agement				,					
	Permanent Fil	le									
	Program Deve	elopment:									



029557422 - 2019/10

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

		-	modicala Rombarcomoner of Br	om rates re			iliai i	10110010			
Su	uncoast Community Health Centers				Provider Number: 029557422						
Pa	lm Rive	r Commu	nity Health Center		Dat	Date: 10/04/2019					
13	110 Elk	Mountair	n Drive		Fisc	Fiscal Year End : N/A					
Riv	erview,	FL 3357	79		Auc	lit Sta	tus : N/A				
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	Health Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				150.63	152.89	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60	)							
		#65	61a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
[	Ва	ısis :	7	Rate	Тур	e :	]				
٠			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
•			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	S		
			Hillsborough								
	Distr	ibution	<u>:</u>	Ι	V.Rv	dell S	amuel. Ad	ministrator #	,		
	Fisca	l Agent		_				ursement Analys	sis		
	Contr	act Mana	agement				-	,			
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



029557424 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicaid Neimbursement Fer L	<u> </u>	ales ioi i	1011-111	Stitutional	FIOVILLEIS				
Su	incoast Community Health Centers				F	Provider Number: 029557424						
The	onotosa	ssa Com	munity Health Center			Date: 10/04/2019						
95	55 E Fo	wler Avei	nue		F	Fiscal Year End : N/A						
The	onotasa	ssa, FL	33592		A	Audit Status : N/A						
Pro	ovider 1	Гуре:				Cur	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic					ı				
		Swing-	Bed Provider									
	X	Federa	Ily Qualified Health Centers				150.63	152.89	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	60)					,			
		#65	1a / H5L Routine Home Care (6	1 +)								
	#652 / H52 Continuous Home Care											
		#05	51 / 0561 Continuous Home Ca	re - SIA	4							
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Ва	sis :	1	Γ	Rate T	ype :						
٠			Budget	-	Х		— Prospect	ive				
•			Unaudited costs	_			— Total Pro	spective				
-			Desk audited costs	-			Prospect	ive Adjusted for	New costs			
-			Field audited costs	-			_					
-			Medicare - Prospective	-			 Interim					
		Χ	Payment System Rate	-			Total Inte	erim				
-			Average Nursing Home Rate Hillsborough	-			Settleme	nt based on cost	s			
	Distr	ibution:			W.	Rydell	Samuel, Ad	ministrator	,			
	Fisca	l Agent			Me	dicaid	Cost Reimb	ursement Analys	sis			
	Contr	act Mana	gement									
	Perm	anent File	е									
	Progr	am Deve	lopment:									



029557427 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		<u>wedicaid Reimbursement Per Dien</u>	n Rates for	ION	n-instit	<u>utional i</u>	<u>Providers</u>			
Su	ncoast Commur	nity Healthcare Centers-Mobile Dental	Bus	Pro	Provider Number : 029557427					
				Date: 10/04/2019						
313	3 S Lakewood D	Prive		Fisc	cal Yea	r End : N	I/A			
Bra	andon, FL 3351	1		Auc	dit Statu	ıs : N/A				
Pro	ovider Type:				Curren	t Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				150.63	152.89	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care -	SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Тур	e :					
l		 Budget		X		Prospect	ive			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs			F	Prospecti	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective			I	nterim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	is		
•		Hillsborough								
	Distribution	<u> </u>	W	V.Rv	dell Sar	muel. Ad	ministrator #	~		
	Fiscal Agent		_				ursement Analys	sis		
	Contract Man	agement				_				
	Permanent Fi	le								
	Program Deve	elopment:								
	For	information Only (No Change in rate)								



029561200 - 2019/10

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Tallahassee, Florida 32308

			111 141 0 :		_		<b>.</b>	000504000			
Ma	natee C	ounty Ru	ral Health Services		Provider Number : 029561200						
							0/04/2019				
700	8th Av	e W			Fis	cal Y	ear End : N	I/A			
Pal	metto, F	L 34221			Au	dit Sta	atus : N/A				
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	lly Qualified Health Centers				127.58	129.50	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)					,			
		#65	1a / H5L Routine Home Care (61 +	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Bas	sis :	]	Rate	Тур	oe :	7				
ן נ			Budget		Х		⊐ Prospect	ive			
-			- Unaudited costs				– Total Pro	spective			
-			Desk audited costs				- Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				_ Interim				
	,	X	Payment System Rate				– Total Inte	erim			
-			Average Nursing Home Rate				Settleme	nt based on cos	ts		
-			Manatee				_				
	Distri	bution:		V	V.Ry	/dell S	Samuel, Ad	ministrator M	 R		
	Fiscal	Agent		_				ursement Analy	rsis		
	Contra	act Mana	gement					•			
	Perma	anent File	9								
	Progra	am Devel	opment:								
		For in	formation Only (No Change in rate)								



029561201 - 2019/10

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		-	Medicaid Reimbursement Per D	<u>)iem F</u>	Rates for N	lon-Ins	stitutional	<u>Providers</u>				
Ма	natee C	ounty Ru	ıral Health Services- Bayshore		Provider Number : 029561201							
					D	ate : 1	0/04/2019					
70	3 8th Av	e W			F	iscal Y	ear End : N	I/A				
Pa	lmetto, F	FL 3422	1		A	Audit Status : N/A						
Pro	ovider T	уре:				Curi	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				127.58	129.50	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	0)								
		#65	1a / H5L Routine Home Care (6	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Ca	re - SI	Α							
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	]		Rate Ty	ype :	7					
•			Budget		Х		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
•			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				<del>_</del>					
•			Medicare - Prospective				 Interim					
		Χ	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cost	is			
-			Manatee				_					
	Distr	<u>ibution:</u>			W.F	Rvdell	Samuel, Ad	ministrator #	~			
	Fiscal	l Agent						oursement Analys	sis			
	Contr	act Mana	gement									
	Perma	anent File	e									
	Progr	am Deve	lopment:									



029561202 - 2019/10

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		Modicard Rollingar Common Tor Die	Maria Maria Maria	<u> </u>		montational	10110010				
Ма	natee County R	ural Health Svcs Hwy 301		Provider Number : 029561202							
				I	Date: 10/04/2019						
700	8th Ave W			Fiscal Year End : N/A							
Pal	metto, FL 3422	21		,	Audi	t Status : N/A					
Pro	ovider Type:				C	Current Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :	7	Rat	e T	Гуре	:					
ן נ		 Budget		X	(	——I Prospect	ive				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
-		Average Nursing Home Rate				Settleme	nt based on cost	ts			
-		 Manatee	-								
	Distribution	<u></u>		W.	.Rvd	ell Samuel, Ad	ministrator #	<u> </u>			
	Fiscal Agent						oursement Analys	sis			
	Contract Man	agement					,				
	Permanent Fi	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



029561203 - 2019/10

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Tallahassee, Florida 32308

		- Modiodid Nombaloomont For Bio	JIII IKULOO IK	<u> </u>	011 1110	<u> </u>	10114010		
Ma	natee County R	ural Health Ser Lawton Chiles		Provider Number : 029561203					
				Date: 10/04/2019					
700	8th Ave W			Fiscal Year End : N/A					
Pal	metto, FL 3422	1		Αι	udit St	atus : N/A			
Pro	vider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic					,		
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019	
	Hospid	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 -	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
ſ	Basis :		Rate	Ty	pe :				
		 Budget		Χ		⊐ Prospecti	ive		
_		Unaudited costs				– Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
_		Field audited costs				_			
_		Medicare - Prospective				 Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
_		Manatee				_			
	Distribution	<u>:</u>	,	W.R	ydell S	Samuel, Ad	ministrator #	,	
	Fiscal Agent		-				ursement Analy	sis	
	Contract Mana	agement					ĺ		
	Permanent Fil	le							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)	)						



029561204 - 2019/10

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

Tallahassee, Florida 32308

		Modical a Normal Computer of Bio	min itatoo it		J	titutionari	10114010			
Ма	natee County R	ural Health Ser - Southeast FHCC		Provider Number : 029561204						
				Date: 10/04/2019						
700	8th Ave W			Fis	Fiscal Year End : N/A					
Pal	metto, FL 3422	1		Αu	ıdit Sta	atus : N/A				
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	⊋ Ty <sub>l</sub>	pe:	7				
		 Budget		Х		⊐ Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				_ Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	s		
_		Manatee				_				
	Distribution		,	W.R	vdell S	Samuel, Ad	ministrator #	·		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



029561205 - 2019/10

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

Tallahassee, Florida 32308

		- Modiodid Nombal Comone 1 Cr Die	m reacoo re	<u> </u>	J.: 1110	titutionari	10114010			
Ма	natee County R	ural Health Ser - East Manatee Heal	th	Pr	Provider Number : 029561205					
				Da	ate : 10	0/04/2019				
700	8th Ave W			Fis	Fiscal Year End : N/A					
Pal	metto, FL 3422	1		Αι	udit Sta	atus : N/A				
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rat	е Ту	pe :	7				
L		∟ Budget		Х		⊐ Prospect	ive			
-		Unaudited costs				– Total Pro	spective			
-		Desk audited costs				- Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				_ Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	s		
_		 Manatee				_				
	Distribution	<u>:</u>		W.R	ydell S	Samuel, Ad	ministrator #	,		
	Fiscal Agent						ursement Analys	sis		
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029561206 - 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 D	<u>)iem F</u>	Rates for N	lon-Ins	stitutional	<u>Providers</u>				
Ма	natee C	ounty Ru	ıral Hlth Svc-Myakka FHCC		Provider Number: 029561206							
						ate : 1	0/04/2019					
700	3 8th Av	e W			F	iscal Y	ear End : N	I/A				
Pa	lmetto, F	FI 34221			А	Audit Status : N/A						
Pro	ovider T	уре:				Curi	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Ily Qualified Health Centers				127.58	129.50	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	0)								
		#65	1a / H5L Routine Home Care (6	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Ca	re - SI	Α							
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
[	Ва	sis :	]		Rate Ty	ype :	7					
٠			Budget		Х		Prospect	ive				
-			Unaudited costs				Total Pro	spective				
•			Desk audited costs				Prospect	ive Adjusted for	New costs			
•			Field audited costs									
•			Medicare - Prospective				Interim					
_		X	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate  Manatee	-			Settleme	nt based on cost	s			
		<u>ibution:</u>			W.F	Rydell	Samuel, Ad	ministrator	<u> </u>			
		Agent			Me	dicaid	Cost Reimb	ursement Analys	sis			
		act Mana										
		anent File										
	Progr	am Deve	lopment:									



029561207 - 2019/10

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

Tallahassee, Florida 32308

Ma	inatee County Ri	ural Hlth Svc-Infectious Disease Ctr		Pro	vider N	lumber :	029561207	
1110	matee eearty re	arai i mir eve i meenede Biodee en				04/2019	020001207	
700	0 8th Ave W					r End : N	/ <b>A</b>	
	lmetto, FI 34221					us : N/A	,,,,	
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date
		Health Clinic						
		Bed Provider						
		Illy Qualified Health Centers				127.58	129.50	10/01/2019
	<u> </u>	e Provider						
		51 / H51 Routine Home Care (1-60)						
	#65	+)						
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care	- SIA					
		55 / H55 Inpatient Respite Care						
	#65	66 / H56 General Inpatient Care						
	#65	9 Room and Board						
ſ	Basis :	7	Rate	Тур	e :			
ן נ		Budget		X		Prospecti	ve	
-		Unaudited costs	·			Total Pro	spective	
-		Desk audited costs				Prospecti	ve Adjusted for	New costs
•		Field audited costs						
•		– Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	rim	
-		Average Nursing Home Rate				Settleme	nt based on cos	ts
•		 Manatee						
	Distribution		V	V.Ry	dell Sa	muel, Ad	ministrator #	ζ
	Fiscal Agent		N	1edic	aid Co	st Reimb	ursement Analy	sis
	Contract Mana	agement					·	
	Permanent File	e						
	Program Deve	elopment:						
	For information Only (No Change in rate)							



029561210 - 2019/10

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

Tallahassee, Florida 32308

Ма	natee (	County Ru	ıral Health Ser North CHC Medica	ıl		Pro	vider 1	Number : (	029561210	
						Dat	e:10/	04/2019		
700	) 8th Av	e W				Fisc	cal Yea	ar End : N	/A	
Pa	lmetto,	FL 34221	1			Auc	dit Stat	us : N/A		
Pro	ovider <sup>-</sup>	Гуре:					Curre	nt Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	Х	Federa	lly Qualified Health Centers					127.58	129.50	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)							
	#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care									
	#0551 / 0561 Continuous Home Care - SIA									
	#655 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ba	ısis :		R	ate	Тур	e :			
ן נ			Budget			X		Prospecti	ve	
•			Unaudited costs					Total Pro	spective	
-			Desk audited costs					Prospecti	ve Adjusted for	New costs
-			Field audited costs							
-			Medicare - Prospective					Interim		
		Χ	Payment System Rate					Total Inte	rim	
-			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Manatee							
	<u>Dist</u> ı	ibution:			V	V.Ry	dell Sa	amuel, Ad	ministrator #	7
Fiscal Agent			M	1edic	aid Co	ost Reimb	ursement Analy	sis		
	Conti	act Mana	gement							
	Perm	anent File	e							
	Progi	am Deve	lopment:							
	For information Only (No Change in rate)									



029561214 - 2019/10

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

Rural Health Clinic Swing-Bed Provider			=	Medicaid Reimbursement Per D	<u>)iem F</u>	Rates for I	Non-In	<u>stitutional</u>	<u>Providers</u>			
Fiscal Year End : N/A Audit Status : N/A  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #655 / H55 Inpatient Respite Care  #659 Room and Board  Rate Type:  Desk audited costs  Desk audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Manatee  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis	Ma	natee C	ounty Ru	ural Health Ser - Palametto FHC		F	Provide	er Number :	029561214			
Palmetto, FL 34221  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type:   X Prospective   X Pro							Date : 1	10/04/2019				
Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type:   X Prospective Total Prospective Prospective Adjusted for New costs	70	3 8th Av	e W			F	iscal Y	ear End : N	I/A			
Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers 127.58 129.50 10/01/20  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H52 Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board     Rate Type :	Ра	lmetto, I	FL 3422	1		A	Audit Status : N/A					
Swing-Bed Provider  X Federally Qualified Health Centers 127.58 129.50 10/01/20*  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H52 Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board    Rate Type :	Pro	ovider 1	уре:				Cur	rent Rate	New Rate	Effective Date		
X Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care  #659 Room and Board    Rate Type :			Rural F	lealth Clinic								
Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board    Rate Type:			Swing-	Bed Provider								
#651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #659 Room and Board    Basis:		X	Federa	Ily Qualified Health Centers				127.58	129.50	10/01/2019		
#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Basis:			Hospic	e Provider								
#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Basis :			#65	1 / H51 Routine Home Care (1-6	0)							
#0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Basis :			#65	1a / H5L Routine Home Care (6	1 +)							
#655 / H55 Inpatient Respite Care #659 Room and Board    Basis :			#65	2 / H52 Continuous Home Care								
#656 / H56 General Inpatient Care #659 Room and Board    Basis :			#05	51 / 0561 Continuous Home Car	re - SI	Α						
#659 Room and Board    Basis :			#65	5 / H55 Inpatient Respite Care								
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Manatee   Distribution:  Fiscal Agent  Contract Management  Permanent File  Rate Type:  X Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis			#65	6 / H56 General Inpatient Care								
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate Manatee  Distribution: Fiscal Agent Contract Management Permanent File  X Prospective Total Prospective Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			#65	9 Room and Board								
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee  Distribution: Fiscal Agent Contract Management Permanent File  Total Prospective Prospective Aprospective Adjusted for New costs  Prospective Adjusted for New costs  Prospective Adjusted for New costs  Prospective Adjusted for New costs  Winterim Settlement based on costs  Winterim Settlement based on costs  Medicaid Cost Reimbursement Analysis		Ва	sis :	]		Rate T	ype :					
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Manatee  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs  Interim Settlement Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•			Budget	'	Х		Prospect	ive			
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Manatee  Distribution: Fiscal Agent Contract Management Permanent File  Field audited costs  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	•			Unaudited costs				Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee  Distribution: Fiscal Agent Contract Management Permanent File  Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•			Desk audited costs				Prospect	ive Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Manatee  Distribution: Fiscal Agent Contract Management Permanent File  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				Field audited costs								
Average Nursing Home Rate  Manatee  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•			Medicare - Prospective				Interim				
Distribution: Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Χ	Payment System Rate				Total Inte	erim			
Distribution:  Fiscal Agent  Contract Management  Permanent File  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	•			_	-			Settleme	nt based on cost	ts		
Fiscal Agent  Contract Management  Permanent File  Medicaid Cost Reimbursement Analysis				Manatee								
Contract Management  Permanent File		Distr	ibution:		•	W.	Rydell	Samuel, Ac	ministrator #	~		
Permanent File		Fisca	Agent			Me	dicaid	Cost Reimb	oursement Analy	sis		
		Contr	act Mana	gement								
Program Development:		Perm	anent File	e								
		Progr	am Deve	lopment:								



029561218 - 2019/10

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

Tallahassee, Florida 32308

	Medicaid Neillibursement Fer Dien	i Nates IOI	NOI	i-iiistitutioiiai	FIOVIU <del>CIS</del>	
Manatee County	natee County Rural Health Services - Westgate			vider Number :	029561218	
			Date	e: 10/04/2019		
700 8th Ave W			Fisc	al Year End : N	I/A	
Palmetto, FL 34	1221		Aud	it Status : N/A		
Provider Type:				Current Rate	New Rate	Effective Date
Rur	al Health Clinic					
Swi	ng-Bed Provider					
X Fed	erally Qualified Health Centers			127.58	129.50	10/01/2019
Hos	spice Provider					
1	#651 / H51 Routine Home Care (1-60)					
1	#651a / H5L Routine Home Care (61 +)					
1	#652 / H52 Continuous Home Care					
1	#0551 / 0561 Continuous Home Care -	SIA				
1	#655 / H55 Inpatient Respite Care					
1	#656 / H56 General Inpatient Care					
;	#659 Room and Board					
Basis :		Rate	Type	e :		
	l Budget	L	X	Prospect	ive	
	Unaudited costs			 Total Pro		
	Desk audited costs			—— Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
×	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	s
	Manatee					
Distribution	<u>on:</u>	W	V.Rvo	dell Samuel, Ad	ministrator #	,
Fiscal Ager	nt	_			ursement Analys	sis
Contract M	anagement				,	
Permanent	File					
Program Do	evelopment:					
Fo	or information Only (No Change in rate)					



029561220 - 2019/10

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

Tallahassee, Florida 32308

		Medicald Neimbursement Fer Diem	ivaies io	I INOI	1-1113111	utionari	TOVIUCIS	
Ма	natee County Rural Health Services - Community Care HC				vider N	umber :	029561220	
				Dat	e : 10/0	04/2019		
700	8th Ave W			Fisc	cal Yea	r End : N	/A	
Pal	metto, FL 3422	1		Auc	lit Statu	ıs : N/A		
Pro	ovider Type:				Currer	t Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019
	Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	51a / H5L Routine Home Care (61 +)						
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care - S	IA					
	#65	55 / H55 Inpatient Respite Care						
	#65	56 / H56 General Inpatient Care						
	#65	59 Room and Board						
٦	Basis :	¬	Pato	Тур	<u> </u>			
L		 Budget	Nate	X		Prospecti	ίν <b>ο</b>	
-		Unaudited costs				Total Pro		
-		Desk audited costs					ve Adjusted for	New costs
_		Field audited costs				тоороок	vo majaotoa ioi	
-		Medicare - Prospective				nterim		
	Χ	Payment System Rate				Total Inte	rim	
-		Average Nursing Home Rate				Settleme	nt based on cost	ts
_		– Manatee						
	<b>Distribution</b>	<u>:</u>	٧	N.Ry	dell Sa	muel, Ad	ministrator #	7
	Fiscal Agent		N	Medic	aid Co	st Reimb	ursement Analys	sis
	Contract Mana	agement						
	Permanent Fil	e						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



029561224 - 2019/10

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

Tallahassee, Florida 32308

	•	Medicald Neillibursement Fer Diel	II Nates for N	<u>OII-IIISIII</u>	utionari	FIOVILLEIS	
Ma	anatee Rural Cou	P	rovider N	umber :	029561224		
			D	ate : 10/0	04/2019		
70	0 8th Ave W		Fi	iscal Yea	r End : N	I/A	
Pa	lmetto, FL 3422	1	Α	udit Statu	ıs : N/A		
Pr	ovider Type:			Curren	t Rate	New Rate	Effective Date
	Rural I	Health Clinic					
	Swing-	Bed Provider					
	X Federa	Illy Qualified Health Centers			127.58	129.50	10/01/2019
	Hospic	e Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +)	)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care -	SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	66 / H56 General Inpatient Care					
	#65	9 Room and Board					
	Basis :	7	Rate Ty	rpe :			
		_l Budget	X		Prospect	ive	
		Unaudited costs			· Γotal Pro	spective	
•		Desk audited costs		F	Prospect	ive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective		I	nterim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	S
		_ Manatee					
	Distribution	<u></u>	WR	Pydell Sai	muel Ad	ministrator #	•
	Fiscal Agent	-				ursement Analys	sis
	Contract Mana	agement	14100			2.30.110.11.7 (lidiy)	
	Permanent Fil						
	Program Deve	elopment:					
	_	nformation Only (No Change in rate)					
		, , , , , , , , , , , , , , , , , , , ,					



029561228 - 2019/10

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

Tallahassee, Florida 32308

Ма	natee F	Rural Heal	Ith Center - Whole Child Pediatrics			Pro	vider	Number : (	029561228	
						Dat	e : 10	/04/2019		
700	) 8th Av	/e W				Fisc	cal Ye	ar End : N	/A	
Pa	lmetto,	FL 34221				Auc	dit Sta	tus : N/A		
Pro	ovider <sup>-</sup>	Гуре:					Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					127.58	129.50	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)							
	#651a / H5L Routine Home Care (61 +)									
	#0551 / 0561 Continuous Home Care - SI									
	#655 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ba	nsis :	]	Ra	ate	Тур	e :	]		
L			Budget			X		ı Prospecti	ve	
-			Unaudited costs	-				- Total Pro	spective	
-			Desk audited costs					- Prospecti	ve Adjusted for	New costs
-			Field audited costs					-		
-			Medicare - Prospective					Interim		
		X	Payment System Rate					Total Inte	rim	
•			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Manatee							
	Dist	ribution:	l		V	√.Ry	dell S	amuel, Ad	ministrator #	ζ
Fiscal Agent			N	ledic	aid C	ost Reimb	ursement Analy	sis		
	Conti	act Mana	gement							
	Perm	anent File	9							
	Progi	ram Devel	lopment:							
	For information Only (No Change in rate)									



029561230 - 2019/10

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Tallahassee, Florida 32308

		Modicald Normburgomont For Bio	m rtatoo r	<u> </u>		otitutional	10110010		
Ма	natee Rural Hea	alth Center - General Surgery		Provider Number : 029561230					
				D	ate :	10/04/2019			
700	8th Ave W			F	iscal `	Year End : N	I/A		
Pal	metto, FL 3422	21		Α	udit S	Status : N/A			
Pro	vider Type:				Cui	rrent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 -	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care							
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rat	e Ty	ype :				
_		 Budget		Χ		— Prospect	ive		
-		Unaudited costs				— Total Pro	spective		
-		Desk audited costs				— Prospect	ive Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				 Interim			
	Χ	Payment System Rate				Total Inte	erim		
_		Average Nursing Home Rate				Settleme	nt based on cost	ts	
_		 Manatee							
	Distribution			W.F	Rydell	Samuel, Ad	ministrator #	~	
	Fiscal Agent						oursement Analys	sis	
	Contract Mana	agement					·		
	Permanent Fil	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate)	)						



029561233 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

<u>Medicaid Reimbursement Per Di</u>	em Rates for	<u>NON-INSTIT</u>	<u>tutional i</u>	<u>Providers</u>				
Manatee County Rual Health Services		Provider N	lumber :	029561233				
River Landings OB/GYN		Date : 10/0	04/2019					
700 8th Ave W		Fiscal Yea	r End : N	/A				
Palmetto, FL 34221		Audit Status : N/A						
Provider Type:		Currer	nt Rate	New Rate	Effective Date			
Rural Health Clinic				ı				
Swing-Bed Provider								
X Federally Qualified Health Centers			127.58	129.50	10/01/2019			
Hospice Provider								
#651 / H51 Routine Home Care (1-60	)							
#651a / H5L Routine Home Care (61	+)							
#652 / H52 Continuous Home Care								
#0551 / 0561 Continuous Home Care	e - SIA							
#655 / H55 Inpatient Respite Care								
#656 / H56 General Inpatient Care								
#659 Room and Board								
Basis :	Rate 7	ype :						
Budget	x		Prospecti	ve				
Unaudited costs		-	Total Pro	spective				
Desk audited costs			Prospecti	ve Adjusted for	New costs			
Field audited costs								
Medicare - Prospective		I	Interim					
X Payment System Rate			Total Inte	rim				
Average Nursing Home Rate			Settleme	nt based on cost	s			
Manatee								
<u>Distribution:</u>	I W	Rvdell Sa	muel. Ad	ministrator	~			
Fiscal Agent				ursement Analys				
Contract Management								
Permanent File								
Program Development:								



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Tallahassee, Florida 32308

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

			Medicaid Neillibursement Fer	Dieili Nates 10	INC	111-1113	iitutionai	FIOVIU <del>CIS</del>			
Ма	anatee County Rural Health Services				Provider Number: 029561236						
No	rth Coun	ty Fami	ly Vision Center		Da	te : 10	/04/2019				
70	3 8th Ave	e W			Fis	Fiscal Year End : N/A					
Pa	lmetto, F	L 3422	1		Au	dit Sta	itus : N/A				
Pre	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019		
		Hospid	ce Provider								
		#65	51 / H51 Routine Home Care (1-	-60)							
		#65	51a / H5L Routine Home Care (	61 +)							
	#652 / H52 Continuous Home Care										
		#05	551 / 0561 Continuous Home C	are - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care	•							
		#65	59 Room and Board								
	Bas	sis :	7	Rate	Тур	oe:	]				
•			Budget		Χ		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
	)	X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate Sarasota				Settleme -	nt based on cost	S		
	<u>Distri</u>	bution	<u>.</u>		W.Ry	/dell S	amuel, Ad	ministrator U			
	Fiscal	Agent		1	Medi	caid C	ost Reimb	ursement Analys	sis		
	Contra	act Mana	agement								
	Perma	nent Fil	е								
	Program Development:										



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Tallahassee, Florida 32308

Ма	natee C	County Ru	ral Health Services, Inc.			Pro	vider	Number :	029561238	
						Dat	e:10	/04/2019		
700	8th Av	ve W				Fisc	cal Ye	ear End : N	/A	
Pa	lmetto,	FL 34221				Auc	dit Sta	itus : N/A		
Pro	ovider 7	Гуре:					Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					127.58	129.50	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)							
	#651a / H5L Routine Home Care (61 +)									
	#652 / H52 Continuous Home Care									
	#0551 / 0561 Continuous Home Care - SIA									
	#655 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	ısis :	]	F	Rate	Тур	e :	]		
ן נ			Budget			X		ם Prospecti	ve	
-			Unaudited costs					- Total Pro	spective	
-			Desk audited costs					- Prospecti	ve Adjusted for	New costs
-			Field audited costs					-		
-			Medicare - Prospective					Interim		
		Χ	Payment System Rate					Total Inte	rim	
-			Average Nursing Home Rate					Settleme	nt based on cos	ts
-			- Manatee					_		
	Distr	<u>ibution:</u>			V	V.Ry	dell S	amuel, Ad	ministrator #	ζ
Fiscal Agent			N	1edic	aid C	ost Reimb	ursement Analy	sis		
	Contr	act Mana	gement							
	Perm	anent File	9							
	Progr	am Devel	lopment:							
		For in	nformation Only (No Change in rate)							



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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

			<u>wedicaid Reimbursement Per L</u>	nem Rates for	Non-	institutionai	<u>Providers</u>				
Ма	natee (	County R	ural Health Services		Provider Number: 029561240						
Bra	adenton	Family I	Medical		Date	: 10/04/2019					
70	3 8th Av	ve W			Fiscal Year End : N/A						
Pa	lmetto,	FL 3422	1		Audit Status : N/A						
Pro	ovider <sup>*</sup>	Туре:			C	urrent Rate	New Rate	Effective Date			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			127.58	129.50	10/01/2019			
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	0)							
		#6	51a / H5L Routine Home Care (61	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Car	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	asis :		Rate	Туре	: ]					
٠			Budget	]	X	Prospect	ive				
			Unaudited costs			Total Pro	spective				
			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	ts			
			Manatee								
	Dist	ribution	· ·		/.Rvde	ell Samuel, Ad	Iministrator	~			
	Fisca	al Agent					oursement Analys				
	Cont	ract Mana	agement								
	Perm	nanent Fil	le								
	Prog	ram Deve	elopment:								



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Tallahassee, Florida 32308

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

		-	modicard Komisarcomont For Di	om rates for	11011 11	<u>iotitutionai</u>	<u> </u>			
Ма	natee C	ounty Ru	ural Health Services		Provider Number : 029561242					
Arc	adia Ch	nildrens F	lealth Care		Date: 10/04/2019					
700	3 8th Av	e W			Fiscal	Year End : N	I/A			
Pa	lmetto, I	FL 3422	1		Audit S	Status : N/A				
Pro	ovider T	уре:			Cu	rrent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers			127.58	129.50	10/01/2019		
		Hospic	e Provider							
		#65	11 / H51 Routine Home Care (1-60	)						
		#65	11a / H5L Routine Home Care (61	+)						
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Care	e - SIA						
		#65	5 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
ſ	Ва	sis :	7	Rate	Туре :					
٠			Budget	\	<	Prospect	ive			
-			Unaudited costs			Total Pro	spective			
-			Desk audited costs			Prospect	ive Adjusted for	New costs		
-			Field audited costs							
•			Medicare - Prospective			Interim				
		Χ	Payment System Rate			Total Inte	erim			
_			Average Nursing Home Rate			Settleme	nt based on cost	ts		
			Desoto							
	Distr	<u>ibution:</u>	<u>.</u>	l W	.Rvdel	I Samuel, Ad	Iministrator #	~		
	Fisca	l Agent					oursement Analys	sis		
	Contr	act Mana	agement							
	Perm	anent File	е							
	Progr	am Deve	lopment:							



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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 Neillibursement Fer Diem	Nates IOI	INO	11-11131	itutionari	TOVILLEIS			
Ма	natee County R	ural Health Services-Riverside Dr		Provider Number : 029561249						
				Dat	Date: 10/04/2019					
700	8th Ave W			Fisc	cal Ye	ar End : N	/A			
Pal	metto, FL 3422	1		Aud	dit Sta	tus : N/A				
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic						,		
	Swing	-Bed Provider								
	X Federa	Illy Qualified Health Centers				127.58	129.50	10/01/2019		
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)						-		
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care - S	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
٦	Basis :	7	Rate	Tyn		 1				
L		_  Budget		X		] Prospecti	Ve			
_		Unaudited costs				Total Pro				
_		Desk audited costs				_	ve Adjusted for	New costs		
-		Field audited costs				-				
-		Medicare - Prospective				- Interim				
	Χ	Payment System Rate				- Total Inte	rim			
-		Average Nursing Home Rate				- Settleme	nt based on cost	s		
-		Manatee				-				
	<b>Distribution</b>	<u>.</u> <u>-</u>	V	V.Ry	dell S	amuel, Ad	ministrator /	•		
	Fiscal Agent		N	/ledic	caid C	ost Reimb	ursement Analys	sis		
	Contract Mana	agement								
	Permanent Fil	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



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Tallahassee, Florida 32308

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

		-	Medicald Neilliburseilleilt Fer	<u>Dieili ix</u>	ates ioi i	1011-111	Stitutional	FIOVILLEIS			
Ма	natee C	ounty Ru	ural Health Svc-DeSoto		Provider Number : 029561251						
Со	mmunity	y Care Fa	amily Healthcare Ctr		Date: 10/04/2019						
700	8th Av	e W			F	iscal Y	ear End : N	I/A			
Pal	metto ,	FI 34221			A	Audit S	tatus : N/A				
Pro	vider T	уре:				Cur	rent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic					ı			
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				127.58	129.50	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-	60)							
		#65	1a / H5L Routine Home Care (6	61 +)							
		#65	2 / H52 Continuous Home Care	<del>)</del>							
	#0551 / 0561 Continuous Home Care				4						
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
[	Ва	sis :	]		Rate T	ype :					
٠			Budget		Х		— Prospect	ive			
-			Unaudited costs	-			— Total Pro	spective			
-			Desk audited costs	-			Prospect	ive Adjusted for	New costs		
-			Field audited costs	-			_				
-			Medicare - Prospective	-			 Interim				
		Χ	Payment System Rate	-			Total Inte	erim			
-			Average Nursing Home Rate				Settleme	nt based on cost	rs		
			Desoto								
	Distr	ibution:			W.	Rydell	Samuel, Ad	ministrator #	·		
	Fiscal	l Agent						ursement Analys	sis		
	Contr	act Mana	gement					·			
	Perma	anent File	Э								
	Progr	am Deve	lopment:								



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

			Medicaid Keimbursement Fer	Dieili Nates 10	1 140	11-1115	itutionai	FIOVIUCIS	
Ма	natee C	County R	ural Hlth Svc		Pro	vider	Number :	029561254	
Со	mm Ca	re Family	Clinic Counseling Svc		Dat	te : 10	/04/2019		
700	3 8th Av	ve W			Fis	cal Ye	ar End : N	I/A	
Pa	lmetto,	FI 3422	1		Aud	dit Sta	tus : N/A		
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date
		Rural	Health Clinic						
		Swing	-Bed Provider						
	X	Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019
		Hospi	ce Provider						
		#6	51 / H51 Routine Home Care (1-	-60)					
		#6	51a / H5L Routine Home Care (	61 +)					
	#652 / H52 Continuous Home Care			е					
		are - SIA							
		#6	55 / H55 Inpatient Respite Care						
		#6	56 / H56 General Inpatient Care						
		#6	59 Room and Board						
ſ	Ва	ısis :	7	Rate	Тур	e :	]		
٠			Budget		Х		Prospect	ive	
-			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs				-		
•			Medicare - Prospective				Interim		
_		Χ	Payment System Rate				Total Inte	erim	
-			Average Nursing Home Rate Desoto				Settleme	nt based on cost	s
	Distr	ribution	<u>:</u>	V	V.Ry	dell S	amuel, Ad	ministrator #	~
	Fisca	I Agent		<u></u>	Medio	caid C	ost Reimb	oursement Analys	sis
	Contr	act Man	agement						
	Perm	anent Fi	le						
	Progr	am Deve	elopment:						



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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		Medicald Reillibursement Fer L	delli Nates ioi	INO	<u>ii-iiiStitutioiiai</u>	FIOVIUEIS			
Manatee	e County R	ural Hlth Svc		Provider Number: 029561255					
Manatee	e Village De	ental Ctr		Dat	te: 10/04/2019				
700 8th	Ave W			Fis	cal Year End : N	I/A			
Palmetto	o, Fl 34221	1		Aud	dit Status : N/A				
Provide	r Type:				Current Rate	New Rate	Effective Date		
	Rural	Health Clinic					1		
	Swing	-Bed Provider							
X	Federa	ally Qualified Health Centers			127.58	129.50	10/01/2019		
	Hospid	ce Provider							
	#6	51 / H51 Routine Home Care (1-6	60)						
	#6	51a / H5L Routine Home Care (6	1 +)						
	#6	52 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care								
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
l l	Basis :	7	Rate	Тур	e :				
		Budget		X	Prospect	rive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospec	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Х	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	is		
		Manatee							
Dis	stribution	:		V Rv	dell Samuel, Ad	Iministrator #	~		
Fise	cal Agent					oursement Analys	sis		
Cor	ntract Mana	agement							
Per	rmanent Fil	le							
Pro	gram Deve	elopment:							



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

			Medicaid Keimbursement Fer	Dieili Nates IO	1 140	11-1113	litutionai	FIOVIU <del>CI S</del>	
Ма	natee C	County R	ural Hlth Svc		Pro	vider	Number :	029561257	
Tw	in Riveı	s Medica	al Ctr		Da	te : 10	/04/2019		
700	3 8th Av	ve W			Fis	cal Ye	ear End : N	I/A	
Pa	lmetto,	FI 3422	1		Aud	dit Sta	itus : N/A		
Pro	ovider 7	Гуре:				Curre	ent Rate	New Rate	Effective Date
		Rural	Health Clinic						
		Swing	-Bed Provider						
	X	Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019
		Hospi	ce Provider						
		#6	51 / H51 Routine Home Care (1-	·60)					
		#6	51a / H5L Routine Home Care (	61 +)					
		#6	52 / H52 Continuous Home Car	е					
		are - SIA							
		#6	55 / H55 Inpatient Respite Care						
		#6	56 / H56 General Inpatient Care						
		#6	59 Room and Board						
ſ	Ва	ısis :	7	Rate	Тур	e:	]		
٠			Budget		Х		Prospect	ive	
-			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
-			Average Nursing Home Rate  Desoto				Settleme	nt based on cost	s
	Distr	<u>ibution</u>	<u>:</u>	V	V.Ry	dell S	amuel, Ad	Iministrator /	2
	Fisca	I Agent		<u></u>	Леdi	caid C	ost Reimb	oursement Analys	sis
	Contr	act Man	agement						
	Perm	anent Fi	le						
	Progr	am Deve	elopment:						



029561262 - 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

		<u>Medicaid Reimbursement Per D</u>	iem Rates ic	or Nor	1-institutional	<u>Providers</u>			
Manat	tee County I	Rural Hlth Svc-SCMC		Provider Number : 029561262					
South	County Me	dical Ctr		Date	e: 10/04/2019				
700 8t	th Ave W			Fisc	al Year End : N	I/A			
Palme	etto, FI 3422	21		Aud	it Status : N/A				
Provi	der Type:				Current Rate	New Rate	Effective Date		
	Rura	I Health Clinic							
	Swin	g-Bed Provider							
Х	Fede	rally Qualified Health Centers			127.58	129.50	10/01/2019		
	Hosp	ice Provider							
	#(	651 / H51 Routine Home Care (1-6	0)				,		
	#(	651a / H5L Routine Home Care (61	+)						
	#652 / H52 Continuous Home Care								
	#(	0551 / 0561 Continuous Home Car	e - SIA						
	#0	655 / H55 Inpatient Respite Care							
	#0	656 / H56 General Inpatient Care							
	#(	659 Room and Board							
	Basis :	7	Rate	е Туре	e :				
		 Budget		Х	Prospect	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	s		
		Desoto							
<u>C</u>	Distributio	<u>n:</u>		W.Ryc	dell Samuel, Ad	ministrator	<u> </u>		
F	iscal Agent		-			ursement Analys			
C	Contract Ma	nagement				,			
F	Permanent F	File							
F	rogram Dev	velopment:							



029561268 - 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 D	iem F	Rates for	r Nor	<u>1-Inst</u>	<u>itutional l</u>	<u>Providers</u>	
Ма	natee C	ounty Ru	ural Hlth Svc			Prov	vider	Number :	029561268	
No	rth Tuttle	e Family	Hlth Ctr			Date	e:10	/04/2019		
700	3 8th Av	e W				Fisc	al Ye	ar End : N	/A	
Pa	lmetto, F	T 34221				Aud	it Sta	tus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					127.58	129.50	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-6	0)						
		#65	1a / H5L Routine Home Care (61	+)						
		#65	2 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care				Α					
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Bas	sis :	7	[	Rate	Туре	e :	]		
'			Budget	'		Χ		Prospect	ve	
•			Unaudited costs	•				Total Pro	spective	
•			Desk audited costs	-				Prospect	ve Adjusted for	New costs
•			Field audited costs	-				•		
•			Medicare - Prospective	-				Interim		
		X	Payment System Rate	-				Total Inte	rim	
•			Average Nursing Home Rate	-				Settleme	nt based on cost	is
•			Manatee	-				•		
	Distri	ibution:	<u> </u>		V	V.Rvo	dell S	amuel, Ad	ministrator	~
	Fiscal	Agent			_				ursement Analys	
	Contra	act Mana	agement						,	
	Perma	anent File	е							
	Progra	am Deve	elopment:							



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Tallahassee, Florida 32308

	•	modicard Rollingaroomone For Dio	mi itatoo ioi	110		<u> </u>	100100			
Ма	natee County R	ural Health Services		Provider Number : 029561271						
				Da	te : 10	/04/2019				
12	271 US Highway	301 N		Fis	cal Ye	ear End : N	I/A			
Pa	rrish, FL 34219			Au	dit Sta	itus : N/A				
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing-	-Bed Provider								
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019		
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)						<u>'</u>		
	#65	51a / H5L Routine Home Care (61 -	+)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
[	Basis :		Rate	Тур	ре :	]				
ι		□ Budget		X		」 Prospect	ive			
•		Unaudited costs				- Total Pro	spective			
•		Desk audited costs				- Prospect	ive Adjusted for	New costs		
•		Field audited costs				-				
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
•		Manatee				_				
	Distribution	<u>.</u>		V.Rv	/dell S	amuel. Ad	ministrator #	ζ		
	Fiscal Agent		_				ursement Analy	sis		
	Contract Mana	agement				-	,			
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029561280 - 2019/10

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

Tallahassee, Florida 32308

		Modical Comparodition of Dio	m natoo i	<u> </u>	10	<u> </u>	10110010			
Ма	natee County R	ural Health Services-Arcadia		Provider Number : 029561280						
					Date: 10/04/2019					
425	Nursing Home	Drive		F	iscal	Year End : N	I/A			
Arc	adia, FL 34266			A	Audit	Status : N/A				
Pro	vider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	e T	ype :	:				
		Budget		X		Prospecti	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	s		
_		Manatee	<u> </u>							
	Distribution			W.I	Ryde	II Samuel, Ad	ministrator #	,		
	Fiscal Agent						ursement Analys	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



029561284 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicaid Keillibursellielit Fer Die	eiii Nates 10	1 140	<u> </u>	ilulionai	FIOVILLEIS	
Ma	anatee C	ounty Ru	ural Health Services University Park	way	Pro	ovider	Number :	029561284	
					Da	te:10	/04/2019		
24	15 Unive	ersity Par	kway Bldg 3 Suite 111		Fis	scal Ye	ear End : N	I/A	
Sa	rasota, I	FL 3424	3		Au	ıdit Sta	itus : N/A		
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic					ı	
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				127.58	129.50	10/01/2019
		Hospic	e Provider						
		#65	11 / H51 Routine Home Care (1-60)	)				,	
		#65	1a / H5L Routine Home Care (61	+)					
		#65	2 / H52 Continuous Home Care						
		#05	51 / 0561 Continuous Home Care	- SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :	7	Rate	Тур	pe:			
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Manatee						
	Distr	<u>ibution:</u>	<u> </u>	<u> </u>	۷.R۱	ydell S	amuel, Ad	ministrator #	~
	Fisca	l Agent		_				ursement Analys	sis
	Contr	act Mana	agement					,	
	Perm	anent File	е						
	Progr	am Deve	lopment:						



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Tallahassee, Florida 32308

		Medicaid Kellibursellielit Fer Dielli	i itales ioi	INO	11-111311	<u>lutional i</u>	FIOVILLEIS		
Ма	natee County R	ural Health Services		Provider Number : 029561287					
				Dat	e : 10/0	04/2019			
508	South 6th Ave	nue		Fisc	cal Yea	r End : N	I/A		
Wa	uchula, FL 338	73		Auc	dit Statı	us : N/A			
Pro	ovider Type:				Currer	nt Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				127.58	129.50	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +)							
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care - S	SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
ſ	Basis :		Rate	Typ	e :				
L		l Budget		<u>х</u>		Prospecti	ive		
-		Unaudited costs				Total Pro	spective		
-		Desk audited costs				Prospecti	ive Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
-		 Manatee							
	Distribution			V.Rv	dell Sa	muel. Ad	ministrator #	~	
	Fiscal Agent		_				ursement Analys	sis	
	Contract Man	agement				-	,		
	Permanent Fi	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate)							



029561295 - 2019/10

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

		-	Medicald Kellibursellelit Fer Di	em Nates ic	1 11	011-1113	titutionar	FIOVILLEIS			
Ma	natee C	ounty Ru	ural Health Services		Р	Provider Number : 029561295					
					D	ate : 10	ate: 10/04/2019				
53	05 State	Road 64	4 East		Fi	iscal Y	scal Year End : N/A				
Bra	adenton,	FL 342	08		Α	udit Sta	atus : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				127.58	129.50	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60	)				,			
	#651a / H5L Routine Home Care (61 +)										
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	• Ту	/pe :	7				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Manatee								
	Distr	ibution:	<u>.</u>	1	N.R	Rydell S	Samuel, Ad	ministrator #	~		
Fiscal Agent		_				ursement Analys	sis				
Contract Management						,					
	Perma	anent File	е								
	Progr	am Deve	elopment:								



029565500 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

	Medicaid Reimbursement Per Di	iem Rates for	NON-I	nstitutionai	<u>Providers</u>		
ommunity Healt	th Centers		Provider Number: 029565500				
ohnnie Ruth Cla	rke Health Center		Date :	10/04/2019			
344 22nd Street	t S.		Fiscal	Year End : N	I/A		
t. Petersburg, F	L 33705		Audit	Status : N/A			
rovider Type:			Cı	irrent Rate	New Rate	Effective Date	
Rura	l Health Clinic						
Swin	ng-Bed Provider						
X Fede	erally Qualified Health Centers			115.40	117.13	10/01/2019	
Hosp	oice Provider						
#	651 / H51 Routine Home Care (1-60	))					
#	651a / H5L Routine Home Care (61	+)					
#	652 / H52 Continuous Home Care						
#	0551 / 0561 Continuous Home Card	e - SIA					
#	655 / H55 Inpatient Respite Care						
#	656 / H56 General Inpatient Care						
#	659 Room and Board						
Basis :		Rate	Гуре :				
	Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
Χ	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	s	
	Pinellas						
Distribution	on:		.Rvde	ll Samuel, Ad	ministrator Tr	,	
Fiscal Agen	Fiscal Agent				ursement Analys	sis	
Contract Ma	anagement				,		
Permanent	File						
Program De	evelopment:						



029565501 - 2019/10

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Tallahassee, Florida 32308

		Medicald Neillibursement Fer Dien	i ivales ioi	INOI	<u>I-IIIStitutioilai</u>	FIOVILLEIS				
Со	mmunity He	ealth Centers - Clearwater		Provider Number : 029565501						
				Dat	Pate: 10/04/2019					
70	7 Druid Rd E			Fisc	cal Year End : N	N/A				
Cle	arwater, FL	. 337563951		Auc	lit Status : N/A					
Pro	ovider Type	<b>):</b>			Current Rate	New Rate	Effective Date			
	Ru	ıral Health Clinic								
	Sv	ving-Bed Provider								
	X Fe	derally Qualified Health Centers			115.40	117.13	10/01/2019			
	Но	ospice Provider								
		#651 / H51 Routine Home Care (1-60)								
		#651a / H5L Routine Home Care (61 +)								
		#652 / H52 Continuous Home Care								
		#0551 / 0561 Continuous Home Care -	SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
ſ	Basis	:	Rate	Тур	e :					
ן נ		Budget		X	Prospec	tive				
•		Unaudited costs	<u> </u>		Total Pro	ospective				
-		Desk audited costs			Prospec	tive Adjusted for	New costs			
-		Field audited costs								
•		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	ent based on cost	ts			
		Pinellas								
	Distribut	tion:	V	V.Ry	dell Samuel, Ad	dministrator #	~			
	Fiscal Age	ent	N	/ledic	aid Cost Reimb	oursement Analys	sis			
	Contract I	Management				·				
	Permaner	nt File								
	Program I	Development:								
		For information Only (No Change in rate)								



029565503 - 2019/10

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Tallahassee, Florida 32308

		Modicala Rollingaroomont i or Bio	m ratoo r	<u> </u>	<u> </u>	<del>Juliani di la l</del>	10110010			
Coı	mmunity Health	Center at Pinellas Park		Provider Number : 029565503						
				D	Date: 10/04/2019					
755	50 43rd Street N			Fi	iscal Y	ear End : N	I/A			
Pin	ellas Park, FL 3	337813601		Α	udit St	atus : N/A				
Pro	vider Type:				Curi	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				115.40	117.13	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	e Ty	pe:					
		Budget		Χ		□ Prospecti	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospecti	ive Adjusted for	New costs		
_		Field audited costs				_				
_		Medicare - Prospective				 Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Pinellas								
	Distribution			W.R	Rydell	Samuel, Ad	ministrator #	ζ		
	Fiscal Agent		-				ursement Analy	sis		
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For information Only (No Change in rate)									



029565512 - 2019/10

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

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

			<u> wedicaid Reimbursement Per L</u>	nem Rates for	NOn-	institutional	<u>Providers</u>	
Со	mmunit	ty Health	Center - Largo		Provi	ider Number :	029565512	
					Date	: 10/04/2019		
124	420 - 13	30th Ave			Fisca	al Year End : N	I/A	
Laı	rgo, FL	3377419	950		Audit	t Status : N/A		
Pro	ovider <sup>*</sup>	Туре:			С	urrent Rate	New Rate	Effective Date
		Rural I	Health Clinic					
		Swing	-Bed Provider					
	X	Federa	ally Qualified Health Centers			115.40	117.13	10/01/2019
		Hospid	ce Provider					
		#6	51 / H51 Routine Home Care (1-6	0)				
		#6	51a / H5L Routine Home Care (61	1 +)				
		#6	52 / H52 Continuous Home Care					
		#0	551 / 0561 Continuous Home Car	re - SIA				
		#6	55 / H55 Inpatient Respite Care					
		#6	56 / H56 General Inpatient Care					
		#6	59 Room and Board					
	Ва	asis :	7	Rate	Туре	:		
•			Budget		Χ	Prospect	ive	
			Unaudited costs			Total Pro	spective	
			Desk audited costs			Prospect	ive Adjusted for	New costs
			Field audited costs					
			Medicare - Prospective			Interim		
		Χ	Payment System Rate			Total Inte	erim	
			Average Nursing Home Rate			Settleme	nt based on cost	s
			Pinellas					
	Dist	ribution		_I	V.Ryde	ell Samuel, Ad	ministrator	~
	Fisca	al Agent					oursement Analys	
	Cont	ract Mana	agement				<b>y</b> .	
	Perm	nanent Fil	le					
	Prog	ram Deve	elopment:					



029565514 - 2019/10

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

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

		-	Medicaid Reimbursement Per L	Diem Rates for	NOI	<u>1-institutionai</u>	<u>Providers</u>				
Со	mmunity	/ Health	Centers @ Tarpon		Provider Number : 029565514						
					Date: 10/04/2019						
24	7 S. Hue	y Avenu	е		Fisc	cal Year End : N	I/A				
Та	rpon Spi	rings, FL	346894205		Aud	lit Status : N/A					
Pro	ovider T	уре:				Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			115.40	117.13	10/01/2019			
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	60)							
		#65	1a / H5L Routine Home Care (6	1 +)							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Ca	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	1	Rate	Тур	e :					
•			Budget		X	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
•			Medicare - Prospective			Interim					
		X	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	s			
			Pinellas								
	Distr	ibution:	<u> </u>	I	V.Ryo	dell Samuel, Ac	Iministrator #	~			
Fiscal Agent		_			oursement Analys	sis					
Contract Management						,					
	Perma	anent File	е								
	Program Development:										



029565516 - 2019/10

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Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers 115.40 117.13 10/01/2019 Hospice Provider  #651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type:			Medicaid Reimbursement Per D	<u>iem F</u>	Rates for	r Nor	n-Institutional	<u>Providers</u>				
PO Box 10549 St. Petersburg, FL 337330549  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H52 Continuous Home Care  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board  Rate Type:  Desk audited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Pinellas  Pistribution: Fiscal Agent Contract Management Permanent File  Current Rate  New Rate  Fifective Date  Fiscal Year End: N/A  Audit Status: N/A  Audit Status: N/A  Audit Status: N/A  Fiscal Year End: N/A  Audit Status: N/A   Fiscal Year End: N/A  Audit Status: N/A   Fiscal Hautit Status: N/A   Fiscal Year End: N/A  Audit Status: N/A   Fiscal Hautit Status: N/A   Fiscal Year End: N/A  Audit Status: N/A   Fiscal Year End: New Cate  Fifective Date  Fiscal Year End: New Cate  Fiscal Year Fiscal  Audit Status: N/A  Interior  Fiscal Agent  Medicaid Cost Reimbursement Analysis	Со	mmunity Healt	h Centers at Bayfront			Pro	Provider Number : 029565516					
St. Petersburg, FL 337330549  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board  Rate Type:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate Pinellas  Pistribution:  Fiscal Agent Contract Management Permanent File						Dat	e: 10/04/2019					
Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care - SIA  #655 / H56 General Inpatient Care  #659 Room and Board    Rate Type:	РС	Box 10549				Fisc	iscal Year End : N/A					
Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers 115.40 117.13 10/01/2019 Hospice Provider  #651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type:	St.	Petersburg, F	L 337330549			Aud	udit Status : N/A					
Swing-Bed Provider  X Federally Qualified Health Centers 115.40 117.13 10/01/2019  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type :	Pro	ovider Type:					Current Rate	New Rate	Effective Date			
X Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H51 Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care  #656 / H55 Inpatient Respite Care  #659 Room and Board    Rate Type:   Sudget   X Prospective     Unaudited costs   Total Prospective     Desk audited costs   Prospective Adjusted for New costs     Rate Type:   X Prospective     Sudget   X Prospective		Rura	I Health Clinic									
Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board     Rate Type :		Swin	g-Bed Provider									
#651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #659 Room and Board    Rate Type :		X Fede	rally Qualified Health Centers				115.40	117.13	10/01/2019			
#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type:		Hosp	pice Provider									
#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type :		#	651 / H51 Routine Home Care (1-6	0)								
#0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type :		#	651a / H5L Routine Home Care (61	+)								
#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Basis :		#	652 / H52 Continuous Home Care									
#656 / H56 General Inpatient Care #659 Room and Board    Basis :		#	0551 / 0561 Continuous Home Car	e - SI	Α							
#659 Room and Board    Basis :		#	655 / H55 Inpatient Respite Care									
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate Pinellas  Piscal Agent  Contract Management  Permanent File  Rate Type:  X Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis		#	656 / H56 General Inpatient Care									
Budget Unaudited costs Desk audited costs Field audited costs  Medicare - Prospective Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Vnaudited costs Total Prospective Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		#	659 Room and Board									
Unaudited costs  Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Total Prospective Prospective Adjusted for New costs  Prospective Adjusted for New costs  Prospective Adjusted for New costs  What is a set of the cost		Basis :	$\neg$		Rate	Тур	e:					
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs  Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	ָ י		Budget	'		X	Prospect	ive				
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Pinellas  Distribution: Fiscal Agent  Contract Management  Permanent File  Field audited costs  Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	•		Unaudited costs				Total Pro	spective				
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Medicare - Prospective Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•		Desk audited costs	'			Prospect	ive Adjusted for	New costs			
X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•		Field audited costs	'								
Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•		Medicare - Prospective	-			Interim					
Pinellas  Distribution:  Fiscal Agent  Contract Management  Permanent File  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis		Χ	Payment System Rate	'			Total Inte	erim				
Distribution:  Fiscal Agent  Contract Management  Permanent File  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	•		Average Nursing Home Rate	'			Settleme	nt based on cost	ts			
Fiscal Agent  Contract Management  Permanent File  Medicaid Cost Reimbursement Analysis	•		Pinellas	'								
Fiscal Agent  Contract Management  Permanent File  Medicaid Cost Reimbursement Analysis		Distributio	on:		۱۸	V Rv	dell Samuel Ad	ministrator #	<u> </u>			
Contract Management  Permanent File					_				sis			
Permanent File		•			ıv	.0010	ala Cool Rolling	.a. Join one / mary	0.0			
Program Development:												
- W		Program Development:										



029565519 - 2019/10

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

			Medicald Neillibursement Fer	Dieili Nates IO	I NO	11-11131	itutionai	FIOVILLEIS			
Со	mmunit	y Health	Centers of Pinellas		Provider Number: 029565519						
Cle	arwate	r Dental			Dat	Date: 10/04/2019					
РС	Box 10	)549			Fiscal Year End : N/A						
St	Petersb	urg, FL	337330549		Audit Status : N/A						
Pro	ovider 7	Гуре:				Curre	nt Rate	New Rate	Effective Date		
		Rural	Health Clinic					,			
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				115.40	117.13	10/01/2019		
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-	60)					,		
		#6	51a / H5L Routine Home Care (6	61 +)							
		#6	52 / H52 Continuous Home Care	)							
		#0	551 / 0561 Continuous Home Ca	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
ſ	Ва	ısis :		Rate	Тур	e:					
٠			Budget		Χ		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Pinellas								
	Distr	ibution	<u>:</u>		V.Ry	dell Sa	amuel, Ad	ministrator #	,		
Fiscal Agent			_				ursement Analys	sis			
Contract Management							·				
Permanent File											
	Program Development:										



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

			Medicaid Neilliburseilleilt Per D	ieiii ivales i	01 140	<u> </u>	litutional	FIOVILLEIS				
Со	mmunit	mmunity Health Centers of Pinellas- St Petersburg					Provider Number : 029565521					
					Da	ite : 10	/04/2019					
РС	Box 10	)549			Fis	scal Ye	ear End : N	I/A				
St	Petersb	urg, FL	337330549		Audit Status : N/A							
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date			
		Rural I	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers				115.40	117.13	10/01/2019			
		Hospic	ce Provider									
		#65	51 / H51 Routine Home Care (1-6	0)					,			
		#65	51a / H5L Routine Home Care (61	+)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Car	e - SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	56 / H56 General Inpatient Care									
		#65	59 Room and Board									
ſ	Ва	ısis :	7	Rat	е Тур	oe :	]					
٠			Budget		Х		Prospect	ive				
-			Unaudited costs				Total Pro	spective				
-			Desk audited costs				Prospect	ive Adjusted for	New costs			
-			Field audited costs				_					
-			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Pinellas				_					
	Distr	ibution	· ·	1	W.R	vdell S	amuel, Ad	ministrator #	·			
	Fisca	l Agent						ursement Analys	sis			
	Contr	act Mana	agement					, , , , , , , , , , , , , , , , , , ,				
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									



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		Modicala Kollingal Colligit For Dio	m ratoo r	<u> </u>	.0	otitutionar	10110010			
Co	mmunity Health	Centers-Dunedin		Provider Number : 029565523						
				D	Date : 10/04/2019					
РО	Box 10549			F	iscal \	Year End : N	I/A			
St I	Petersburg, FI	33733		A	udit S	status : N/A				
Pro	ovider Type:				Cur	rrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				115.40	117.13	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :	7	Rat	e Ty	/pe :					
<u></u>		Budget		Х		— Prospect	ive			
-		Unaudited costs				 Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
-		Pinellas				_				
	Distribution			W.F	Rydell	Samuel, Ad	ministrator	Z		
Fiscal Agent						ursement Analy	sis			
	Contract Man	agement					•			
	Permanent Fi	le								
	Program Deve	elopment:								
	For information Only (No Change in rate)									



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

		-	Medicald Neillibursement Fer Die	em Nates it	<u> </u>	1011-1118	Stitutional	FIOVIUEIS			
Со	mmunity	/ Health (	Center of Pinellas-St.Petersburg		Р	Provider Number : 029565525					
					D	ate : 1	ate: 10/04/2019				
49	50 34th	Street No	orth		F	iscal Y	ear End : N	I/A			
St.	Petersb	ourg , FL	33714		A	udit St	atus : N/A				
Pr	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				115.40	117.13	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
	#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care										
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	e Ty	ype :	7				
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Pinellas								
	Distr	ibution:		<u>I</u> ,	W.F	Rydell	Samuel, Ad	ministrator #	·		
Fiscal Agent		-				oursement Analys	sis				
Contract Management						,					
	Perma	anent File	Э								
	Progra	am Deve	lopment:								



029568000 - 2019/10

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

		<u>_IV</u>	ledicald Reimbursement Per Di	em Rates for	NOI	<u>1-institutionai</u>	<u>Providers</u>				
No	rth Fl. Me	edical Ctr.	, Inc Wewahitchka Medical Ctr		Provider Number : 029568000						
					Date	e: 10/04/2019					
28	04 Remin	gton Gre	en circle		Fiscal Year End : N/A						
Та	llahassee	, FL 323	08		Audit Status : N/A						
Pro	ovider Ty	pe:				Current Rate	New Rate	Effective Date			
		Rural He	alth Clinic								
		Swing-B	ed Provider								
	X	Federally	y Qualified Health Centers			114.79	116.52	10/01/2019			
		Hospice	Provider								
		#651	/ H51 Routine Home Care (1-60	))							
		#651	a / H5L Routine Home Care (61	+)							
		#652	/ H52 Continuous Home Care								
		#055	1 / 0561 Continuous Home Care	e - SIA							
		#655	/ H55 Inpatient Respite Care								
		#656	/ H56 General Inpatient Care								
		#659	Room and Board								
	Basi	is:		Rate	Тур	e :					
`			Budget		X	Prospect	ive				
			Unaudited costs			Total Pro	spective				
·			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
•			Medicare - Prospective			Interim					
	Х	[	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	s			
			Gulf								
	Distrik	oution:		I W	V.Ryo	dell Samuel, Ac	Iministrator	· ·			
	Fiscal Agent					oursement Analys					
	Contract Management					,					
	Permar	nent File									
	Progra	m Develo	pment:								



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

			Modrodia Rombardomont For B	ioni itatoo i	0	J	<u> </u>	10110010	
North Fl. Medical Ctr. Inc Wakulla Medical Ctr				Pr	Provider Number : 029568001				
Wakulla Medical Center Date				ate : 10	/04/2019				
2804 Remington Green circle				scal Ye	ear End : N	I/A			
Tallahassee, FL 32308					ıdit Sta	itus : N/A			
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural I	Health Clinic						
		Swing	-Bed Provider						
	X	Federa	ally Qualified Health Centers				114.79	116.52	10/01/2019
		Hospic	ce Provider						
		#65	51 / H51 Routine Home Care (1-60	0)					
		#65	51a / H5L Routine Home Care (61	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Car	e - SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#65	59 Room and Board						
	Ва	sis :		Ra	te Ty	pe :			
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs						
			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Wakulla						
	Distr	ibution	<u>.</u>		W.R	ydell S	amuel, Ad	ministrator #	·
	Fiscal	Agent						ursement Analys	sis
	Contra	act Mana	agement					,	
	Perma	anent Fil	е						
	Progra	am Deve	elopment:						



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

		Wedicaid Keillibursellient Fer Die	eiii ivales ioi	NO	<u>II-IIISIIIUIIOIIAI</u>	FIOVILLEIS		
Mayo Health Services Date				ovider Number : 029568009				
				te: 10/04/2019				
				cal Year End : N	I/A			
Tallahassee, FL 32308					dit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swin	g-Bed Provider						
	X Feder	ally Qualified Health Centers			114.79	116.52	10/01/2019	
	Hosp	ice Provider						
	#6	551 / H51 Routine Home Care (1-60	)					
	#6	551a / H5L Routine Home Care (61	+)					
	#6	552 / H52 Continuous Home Care						
	#(	0551 / 0561 Continuous Home Care	- SIA					
	#6	555 / H55 Inpatient Respite Care						
	#6	556 / H56 General Inpatient Care						
	#6	559 Room and Board						
	Basis :		Rate	Тур	e :			
'		Budget		X	Prospect	ive		
		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	ive Adjusted for	New costs	
•		Field audited costs						
		Medicare - Prospective			Interim			
	Х	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	s	
•		Lafayette						
	Distribution	<u>n:</u>	<u> </u>	V.Rv	dell Samuel, Ad	ministrator #	,	
	Fiscal Agent		_			ursement Analys	sis	
	Contract Mar	nagement				·,		
	Permanent F	ïle						
	Program Dev	velopment:						



Program Development:

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# Florida Agency for Health Care Administration

029568010 - 2019/10

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Medicald Neillibursement Fer Diem Nate	3 101 140	m-mstitutionar	TOVIGEIS	
North Florida Medical Center	ovider Number : 029568010			
Madison Medical Center	Madison Medical Center Da			
2804 Remington Green Cir Ste 2	scal Year End : N	I/A		
Tallahassee, FL 323081550	Au	dit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			,	
Swing-Bed Provider				
X Federally Qualified Health Centers		114.79	116.52	10/01/2019
Hospice Provider				
#651 / H51 Routine Home Care (1-60)				
#651a / H5L Routine Home Care (61 +)				
#652 / H52 Continuous Home Care				
#0551 / 0561 Continuous Home Care - SIA				
#655 / H55 Inpatient Respite Care				
#656 / H56 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Ty	pe:		
Budget	Х	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	s
Madison				
<u>Distribution:</u>	W.R	ydell Samuel, Ad	ministrator #	?
Fiscal Agent	Medi	caid Cost Reimb	ursement Analys	sis
Contract Management			·	
Permanent File				



029568012 - 2019/10

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Tallahassee, Florida 32308

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

North FL	Medical Ctrs., Inc Family Medical Practice	F	Provider N	Jumber :	029568012	
	Todaca. Onc., mo army Wodioar Fraction		Date : 10/		02000012	
2804 Rem	nington Green circle			ar End : N	Ι/Δ	
				us : N/A		
Tallallass	66, 1 1 32300		iddii Olai	u3 . N/A		
Provider	Туре:		Curre	nt Rate	New Rate	Effective Date
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers			114.79	116.52	10/01/2019
	Hospice Provider					
	#651 / H51 Routine Home Care (1-60)	)				
	+)					
	#652 / H52 Continuous Home Care					
	#0551 / 0561 Continuous Home Care	- SIA				
	#655 / H55 Inpatient Respite Care					
	#656 / H56 General Inpatient Care					
	#659 Room and Board					
В	asis:	Rate T	ype :			
	Budget	X		Prospect	ive	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
	X Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
·		. —				

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

Dixie

 $W. Ry dell \ Samuel, \ Administrator$ 

Medicaid Cost Reimbursement Analysis



029568013 - 2019/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

North Fl. Medical Ctrs., Inc Gadsden Medical Center	Provider Number : 029568013  Date : 10/04/2019  Fiscal Year End : N/A			
Gadsden Medical Center				
2804 Remington Green circle				
Tallahassee, FL 32308	Audit Status : N/A			
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				

Provider	r Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	114.79	116.52	10/01/2019
	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)			
	#651a / H5L Routine Home Care (61 +)			
	#652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#655 / H55 Inpatient Respite Care			
	#656 / H56 General Inpatient Care			
	#659 Room and Board			

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Gadsden		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate

 $W. Rydell \ Samuel, \ Administrator$ 

Medicaid Cost Reimbursement Analysis



029568017 - 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

		-	Medicald Neillibursement Fer Di	em Nates n	<i>)</i>	1011-1113	litutionari	FIOVILLEIS	
North Florida Medical Centers-Tallahassee				Р	Provider Number : 029568017				
Date				ate : 10	0/04/2019				
2804 Remington Green Circle Suite #2 Fisca				iscal Y	ear End : N	I/A			
Tallahassee, FL 32308 Audi				udit Sta	atus : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				114.79	116.52	10/01/2019
		Hospic	e Provider						
		#65	1 / H51 Routine Home Care (1-60	)				,	
		#65	1a / H5L Routine Home Care (61	+)					
		#65	2 / H52 Continuous Home Care						
		#05	51 / 0561 Continuous Home Care	e - SIA					
		#65	5 / H55 Inpatient Respite Care						
		#65	6 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :	]	Rate	э Ту	/pe :	7		
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Gulf						
	Distr	ibution:		<u> </u>	W.R	Rydell S	Samuel, Ad	ministrator #	,
	Fiscal	Agent						ursement Analys	sis
	Contra	act Mana	gement					,	
	Perma	anent File	Э						
	Progra	am Deve	lopment:						



Permanent File

Program Development:

\_ For information Only (No Change in rate)

# Florida Agency for Health Care Administration

029568030 - 2019/10

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

Tallahassee, Florida 32308

North FL. Medical Center - Eastpoint Medical Center Pro			rovider Number : 029568030				
Eastpoint Medic	cal Center	Da	Date: 10/04/2019				
2804 Remingto	n Green circle	Fi	scal Year End : N	I/A			
Tallahassee, Fl	_ 32308	Au	udit Status : N/A				
Provider Type	:		<b>Current Rate</b>	New Rate	Effective Date		
Ru	ral Health Clinic						
Sw	ing-Bed Provider						
X Fed	derally Qualified Health Centers		114.79	116.52	10/01/2019		
Но	spice Provider						
	#651 / H51 Routine Home Care (1-60)						
	#651a / H5L Routine Home Care (61 +						
	#652 / H52 Continuous Home Care						
	#0551 / 0561 Continuous Home Care -	SIA					
	#655 / H55 Inpatient Respite Care						
	#656 / H56 General Inpatient Care						
	#659 Room and Board						
Basis :		Rate Ty	pe:				
	Budget	Х	Prospect	ive			
	Unaudited costs		Total Pro	spective			
	Desk audited costs		Prospect	ive Adjusted for	New costs		
	Field audited costs						
	Medicare - Prospective		Interim				
Х	Payment System Rate		Total Inte	erim			
	Average Nursing Home Rate		Settleme	nt based on cost	ts		
	Franklin						
<u>Distribut</u>	 <u>ion:</u>	W.R	ydell Samuel, Ad	ministrator #	~		
Fiscal Age	nt		licaid Cost Reimb				
Contract N	lanagement			,			



029570100 - 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

		modical tollibarcomoner of br	om rate re		,,, ,,,,o,	<u>intational</u>	TOTIGOTO	
Family Health Centers of SW Florida - Downtown Ft Myers			Pro	rovider Number : 029570100				
Date				te:10	te: 10/04/2019			
				cal Ye	ar End : N	I/A		
				dit Sta	tus : N/A			
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rur	al Health Clinic						
	Swi	ng-Bed Provider						
	X Fed	erally Qualified Health Centers				113.37	115.07	10/01/2019
	Hos	pice Provider						
	i	#651 / H51 Routine Home Care (1-60	)					
	i	#651a / H5L Routine Home Care (61	+)					
	;	#652 / H52 Continuous Home Care						
	;	#0551 / 0561 Continuous Home Care	e - SIA					
	;	#655 / H55 Inpatient Respite Care						
	;	#656 / H56 General Inpatient Care						
	;	#659 Room and Board						
	Basis :		Rate	Тур	oe:	]		
		Budget		Х		Prospecti	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospecti	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
	Х	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Lee						
	Distribution	<u>on:</u>	1	۷.R۱	dell S	amuel, Ad	ministrator #	~
	Fiscal Ager	nt	_				ursement Analys	sis
	Contract M	anagement					,	
	Permanent	File						
	Program De	evelopment:						



029570101 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Kollingaroomonti ol Bio	m raioo r	<u> </u>		montational	10110010			
Far	nily Health Cent	ters of SW Florida - Labelle		I	Prov	ider Number :	029570101			
			Date : 10/04/2019							
P.C	). Box 1588			I	Fiscal Year End : N/A					
Ft.	Myers, FL 3390	)2		1	Audi	t Status : N/A				
Pro	vider Type:				C	Current Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
Γ	Basis :		Rat	e T	Гуре	:				
		Budget		X	(	Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
_		Field audited costs								
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Lee								
	Distribution	<u>.</u> <u>:</u>		W.	.Ryd	ell Samuel, Ad	ministrator //	ζ		
	Fiscal Agent						oursement Analy	sis		
	Contract Mana	agement					•			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	ı							



029570102 - 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

Fai	mily Ha	alth Cont	ers of SW Florida - Bonita Springs		Dro	vider Number :	020570102			
ıaı	illily i led	aitii Ceiit	lers of SVV Florida - Borlita Springs			e : 10/04/2019	029370102			
D (	D. Box 1	F00				al Year End : N	.1/^			
			20			Audit Status : N/A				
Γī.	wyers,	FL 3390	)2		Aud	it Status : N/A				
Pro	ovider 1	ype:				Current Rate	New Rate	Effective Date		
		Rural I	Health Clinic							
		Swing-	-Bed Provider							
	X	Federa	ally Qualified Health Centers			113.37	115.07	10/01/2019		
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1-60	)						
		#65	51a / H5L Routine Home Care (61	+)						
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	- SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	56 / H56 General Inpatient Care							
		#65	59 Room and Board							
	Ва	sis :		Rate	Туре	e :				
•			Budget		Χ	Prospec	tive			
			Unaudited costs			Total Pro	ospective			
			Desk audited costs			Prospec	tive Adjusted for	New costs		
•			Field audited costs	-						
•			Medicare - Prospective			Interim				
		Χ	Payment System Rate			Total Inte	erim			
•			Average Nursing Home Rate			Settleme	ent based on cos	ts		
•			Lee							
	Distr	ibution	<u>:</u>	<u> </u>	V.Ryo	dell Samuel, Ad	dministrator #	?		
	Fisca	l Agent		N	/ledic	aid Cost Reimb	oursement Analy	sis		
	Contr	act Mana	agement				·			
	Perm	anent Fil	е							
	Progr	am Deve	elopment:							



029570103 - 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 L	Diem Rates to	or No	<u>n-Ins</u>	<u>titutional  </u>	<u>Providers</u>	
amily Hea	Ith Cen	ters of SW Florida - East Ft Myers		Pro	ovider	Number :	029570103	
				Da	te : 10	0/04/2019		
P.O. Box 15	588			Fis	cal Ye	ear End : N	I/A	
t. Myers, F	FL 3390	02		Date : 10/04/2019  Fiscal Year End : N/A  Audit Status : N/A  Current Rate New Rate Effective				
Provider T	уре:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
X	Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-6	60)					
	#6	51a / H5L Routine Home Care (6	1 +)					
#652 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Ca	re - SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
Bas	sis :	7	Rate	е Тур	oe :	7		
		Budget		Χ		Prospect	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				- Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
>	X	Payment System Rate	-			Total Inte	erim	
		Average Nursing Home Rate	-			Settleme	nt based on cost	S
		Lee				_		
Distri	bution	<u>:</u>		W.R۱	/dell S	Samuel, Ad	ministrator	,
Fiscal	Agent		-				ursement Analys	
Contra	act Man	agement					,	
Perma	anent Fi	le						
Progra	am Deve	elopment:						



029570105 - 2019/10

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

Tallahassee, Florida 32308

		Medicald Kellibursellielit Fer Dieli	i Nates IUI	NOI	<u>i-iiiSiitutiOiiai</u>	FIOVILIEIS				
Famil	y Health Cent	ers of SW Florida - Leigh Acres		Prov	vider Number :	029570105				
				Date: 10/04/2019						
P.O. I	3ox 1588			Fiscal Year End : N/A						
Ft. My	ers, FL 3390	)2		Aud	it Status : N/A					
Provi	der Type:				Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic								
	Swing-	-Bed Provider								
>	( Federa	ally Qualified Health Centers			113.37	115.07	10/01/2019			
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care -	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :	7	Rate	Туре	e :					
<u> </u>		∟ Budget		X	l Prospec	tive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospec	tive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	ent based on cost	ts			
		Lee								
<u>_</u>	Distribution	I <u>:</u>	W	V.Ryo	dell Samuel, Ad	dministrator #	2			
F	iscal Agent		_			oursement Analys	sis			
(	Contract Mana	agement				·				
F	Permanent Fil	e								
F	Program Deve	elopment:								
_	For i	nformation Only (No Change in rate)								



029570106 - 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

		-	modicala Rombarcoment For D	iom ratoo		1011 1	<u> </u>	110114010								
Fa	mily Hea	th Cent	ers of SW Florida - North Ft Myers		F	Provid	ler Number :	029570106								
					[	Date :	10/04/2019									
Ρ.	O. Box 15	88			F	Fiscal	Year End : N	I/A								
Ft.	Myers, F	L 3390	2		A	Audit	113.37 115.07 10/01				dit Status : N/A					
Pr	ovider Ty	/pe:				Cı	irrent Rate	New Rate	Effective Date							
		Rural H	lealth Clinic						'							
		Swing-	Bed Provider													
	Χ	Federa	Illy Qualified Health Centers				113.37	115.07	10/01/2019							
		Hospic	ce Provider													
		#65	51 / H51 Routine Home Care (1-60	<b>)</b> )												
		#65	51a / H5L Routine Home Care (61	+)												
		#65	52 / H52 Continuous Home Care													
		#05	551 / 0561 Continuous Home Care	e - SIA												
		#65	55 / H55 Inpatient Respite Care													
		#65	66 / H56 General Inpatient Care													
		#65	9 Room and Board													
	Bas	is:		Ra	ate T	ype :										
			Budget		Х		Prospect	ive								
			Unaudited costs				Total Pro	spective								
			Desk audited costs				Prospect	ive Adjusted for	New costs							
			Field audited costs													
			Medicare - Prospective				Interim									
	>	(	Payment System Rate				Total Inte	erim								
			Average Nursing Home Rate				Settleme	nt based on cost	ts							
			Lee													
	Distri	bution	<u>.</u>	1	W.	Rydel	Il Samuel, Ac	Iministrator #	2							
	Fiscal	Agent						oursement Analy	sis							
	Contra	ct Mana	agement					.,								
	Perma	nent File	е													
	Progra	m Deve	elopment:													



029570107 - 2019/10

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

Tallahassee, Florida 32308

	Medicald Reillibursement Fer Diei	III Nates IOI	INOII-I	iistitutionai	FIOVIUEIS				
Family Health	Centers of S.W. Florida - Paul Lawrence		Provid	der Number :	029570107				
			Date: 10/04/2019						
P.O. Box 1588			Fiscal	Year End : N	I/A				
Ft. Myers, FL	33902		Audit	Status : N/A					
Provider Type	e:		Cı	urrent Rate	New Rate	Effective Date			
Rı	ıral Health Clinic								
Sv	ving-Bed Provider								
X Fe	ederally Qualified Health Centers			113.37	115.07	10/01/2019			
Но	ospice Provider								
	#651 / H51 Routine Home Care (1-60)								
	#651a / H5L Routine Home Care (61 +	)							
	#652 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care -	- SIA							
	#655 / H55 Inpatient Respite Care								
	#656 / H56 General Inpatient Care								
	#659 Room and Board								
Basis	:	Rate	Type :						
	I Budget		Χ	l Prospect	ive				
	Unaudited costs	-		 Total Pro					
	 Desk audited costs	-		—– Prospect	ive Adjusted for	New costs			
	Field audited costs	-			•				
	Medicare - Prospective			Interim					
Х	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	s			
	Lee								
<u>Distribu</u>	tion:	W	'.Rvde	II Samuel, Ad	ministrator #	<u> </u>			
Fiscal Ag	ent	_			ursement Analys	sis			
Contract I	Management				,				
Permanei	nt File								
Program I	Development:								
	For information Only (No Change in rate)								



029570109 - 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

		-	Medicald Kellibursellielit Fer Di	em Nates i	<u> </u>	1011-111	Stitutional	FIOVIUCIS	
Fa	mily Hea	alth Cent	ers of S.W. Florida - Metro Parkway	y	Р	Provide	er Number :	029570109	
					С	Date:	10/04/2019		
Ρ.	O. Box 1	588			F	iscal `	Year End : N	I/A	
Ft.	Myers,	FL 3390	2		A	Audit S	tatus : N/A		
Pr	ovider 1	Гуре:				Cui	rent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	Ily Qualified Health Centers				113.37	115.07	10/01/2019
		Hospic	e Provider						
		#65	51 / H51 Routine Home Care (1-60	))					
		#65	i1a / H5L Routine Home Care (61	+)					
		#65	2 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Care	e - SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :	]	Rat	e Ty	ype :			
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Lee						
	Distr	ibution	<u>.</u>	1	W.F	Rydell	Samuel, Ad	ministrator #	?
	Fisca	l Agent						oursement Analys	sis
	Contr	act Mana	agement					,	
	Perm	anent File	е						
	Progr	am Deve	elopment:						



029570110 - 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

Fa	mily Health Cent	ters. of S.W. Florida - Cape Coral		Pro	ovider	Number :	029570110				
	D.O. Day 4500					Date: 10/04/2019					
P.C	D. Box 1588			Fis	Fiscal Year End : N/A Audit Status : N/A						
Ft.	Myers, FL 3390	)2		Au							
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019			
	Hospic	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)						'			
	#65	51a / H5L Routine Home Care (61 +	)								
	#65	52 / H52 Continuous Home Care									
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :		Rate	Тур	oe:	1					
		Budget		Χ		Prospecti	ive				
•		Unaudited costs				- Total Pro	spective				
•		Desk audited costs				- Prospecti	ive Adjusted for	New costs			
•		Field audited costs				-					
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
•		Average Nursing Home Rate				Settleme	nt based on cos	ts			
-		Lee				_					
	Distribution	<u> </u>	V	۷.R۱	/dell S	amuel. Ad	ministrator #				
	Fiscal Agent		_				ursement Analy	sis			
	Contract Mana	agement									
	Permanent Fil	е									
	Program Deve	elopment:									



029570111 - 2019/10

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

Tallahassee, Florida 32308

Fai	mily Health Cen	iters of S.W. Florida - Broadway Dent	al	Pro	ovider	Number :	029570111				
				Da	ite : 10	0/04/2019					
P.C	D. Box 1588			Fis	scal Ye	ear End : N	I/A				
Ft.	Myers, FL 339	02		Audit Status : N/A							
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	Rural	Health Clinic						·			
	Swing	g-Bed Provider									
	X Feder	ally Qualified Health Centers				113.37	115.07	10/01/2019			
	Hospi	ice Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	555 / H55 Inpatient Respite Care									
	#6										
	#6	59 Room and Board									
ſ	Basis :		Rate	Туј	pe :	7					
ָ 		 Budget	<u> </u>	Χ		⊐ Prospect	ive				
-		Unaudited costs	-			– Total Pro	spective				
-		Desk audited costs				- Prospect	ive Adjusted for	New costs			
•		Field audited costs				_					
•		Medicare - Prospective				Interim					
	X	Payment System Rate				Total Inte	erim				
•		Average Nursing Home Rate				Settleme	nt based on cos	ts			
		Lee				_					
	Distribution	l <u>1:</u>		۷.R	vdell S	Samuel, Ad	ministrator W	 R			
	Fiscal Agent		_				ursement Analy	rsis			
	Contract Man	nagement					,				
	Permanent F	ile									
	Program Dev	relopment:									
	For	information Only (No Change in rate)	)								



029570112 - 2019/10

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

Tallahassee, Florida 32308

	Medicald Neillibursement Fer Dielli	i Nates IOI	INOI	i-iiistitutioiiai	FIOVIUEIS			
Family Health (	Centers of SW Florida Inc - Port Charlotte		Prov	vider Number :	029570112			
		Date: 10/04/2019						
P.O. Box 1588			Fiscal Year End : N/A Audit Status : N/A					
Ft. Myers, FL 3	33902		Aud	it Status : N/A				
Provider Type	:			Current Rate	New Rate	Effective Date		
Ru	ral Health Clinic							
Sw	ring-Bed Provider							
X Fe	derally Qualified Health Centers			113.37	115.07	10/01/2019		
Но	spice Provider							
	#651 / H51 Routine Home Care (1-60)							
	#651a / H5L Routine Home Care (61 +)							
	#652 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care -	SIA						
	#655 / H55 Inpatient Respite Care							
	#656 / H56 General Inpatient Care							
	#659 Room and Board							
Basis :		Rate	Type	<u> </u>				
	Budget		X	Prospect	ive			
	Unaudited costs			 Total Pro				
	 Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs				•			
	Medicare - Prospective			 Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Lee							
<u>Distribut</u>		V	V.Ryc	dell Samuel, Ad	ministrator #	<u> </u>		
Fiscal Age	ent	_			ursement Analys	sis		
Contract N	Management				,			
Permanen	nt File							
Program [	Development:							
F	For information Only (No Change in rate)							



029570115 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Rollingarochione For Dio	m natoo n	<u>,, ,,</u>		<u>iotitutionai</u>	110110010		
Fan	nily HIth Ctr of S	SW Florida - Pine Island		Р	rovide	er Number :	029570115		
				D	ate :	10/04/2019			
P.C	). Box 1588			Fiscal Year End : N/A					
Ft.	Myers, FL 3390	)2		A	udit S	Status : N/A			
Pro	vider Type:				Cu	rrent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019	
	Hospid	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	-)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
Γ	Basis :		Rate	e Ty	ype :	$\overline{}$			
-		Budget		X		 Prospect	ive		
_		Unaudited costs				— Total Pro	spective		
_		Desk audited costs				Prospect	ive Adjusted for	New costs	
_		Field audited costs							
_		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
_		Average Nursing Home Rate				Settleme	nt based on cos	ts	
		Lee							
	Distribution	<u>.</u> <u>:</u>		W.F	Rydell	Samuel, Ad	ministrator #	z	
	Fiscal Agent		-				oursement Analy	sis	
	Contract Mana	agement					·		
	Permanent Fil	e							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)							



029570117 - 2019/10

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

Tallahassee, Florida 32308

		Modicald Normburgorillone For Bio	m ratoo re		,,, ,,,, <u>o</u>	titutionari	10110010		
Family Health Centers of SW Florida - Tamiami Trail				Provider Number : 029570117					
				Da	ite : 10	0/04/2019			
РО	Box 1357			Fis	scal Y	ear End : N	I/A		
For	t Myers, FL 33	9021357		Au	idit Sta	e: 10/04/2019 Cal Year End: N/A  Status: N/A  Current Rate New Rate Effective  113.37 115.07 10/0  Prospective Total Prospective Prospective Adjusted for New costs  Interim Total Interim Settlement based on costs  dell Samuel, Administrator			
Pro	vider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic					,		
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	-)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate	Э Тур	pe:	7			
<b></b>		Budget		Χ		Prospect	ive		
-		Unaudited costs				Total Pro	spective		
-		Desk audited costs				- Prospect	ive Adjusted for	New costs	
-		Field audited costs				_			
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
_		Average Nursing Home Rate				Settleme	nt based on cos	ts	
_		Lee				_			
	Distribution		,	W.R	ydell S	Samuel, Ad	ministrator #	ζ	
Fiscal Agent		<u>-</u> J	Medicaid Cost Reimbursement Analysis						
	Contract Man	agement					·		
	Permanent Fi	le							
	Program Deve	elopment:							
	For	information Only (No Change in rate)	ı						



029570118 - 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

		-	Medicaid Neimbursement Fer	Dieili Nates IU	1 14	011-1113	<u>iiiuiioiiai i</u>	I IOVIU <del>CIS</del>		
Family Health Centers of SW Florida				Pr	ovider	vider Number : 029570118				
South Fort Myers Medical Center				Da	Pate: 10/04/2019					
РС	Box 158	8			Fi	scal Y	ear End : N	I/A		
Fo	rt Myers,	FL 339	02		Αι	udit Sta	e: 10/04/2019 cal Year End: N/A dit Status: N/A  Current Rate New Rate Effective D  113.37 115.07 10/01/2			
Pro	ovider Ty	pe:				Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				113.37	115.07	10/01/2019	
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-	60)						
		#65	1a / H5L Routine Home Care (6	1 +)						
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Ca	re - SIA						
		#65	5 / H55 Inpatient Respite Care							
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Bas	is :	]	Rate	Ту	pe:	7			
•			Budget		Χ		Prospect	ive		
•			Unaudited costs				Total Pro	spective		
			Desk audited costs				Prospect	ive Adjusted for	New costs	
			Field audited costs				_			
•			Medicare - Prospective				Interim			
_	Х	(	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	s	
			Lee				_			
	Distrib	oution:			V.R	ydell S	Samuel, Ad	ministrator #	~	
	Fiscal /	Agent		_				ursement Analys	sis	
	Contra	ct Mana	gement					,		
	Perma	nent File	9							
	Progra	m Deve	lopment:							



029570120 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Kollingaroomonti ol Bio	m rates r	<i>,</i>		iotitational	10110010			
Family HIth Centers of SW FL - Bonita Springs				Provider Number : 029570120						
				D	ate :	ate: 10/04/2019				
P.C	). Box 1588			F	iscal	Year End : N	I/A			
Ft.	Myers, FL 3390	)2		A	udit S	cal Year End : N/A  dit Status : N/A  Current Rate   New Rate   Effective    113.37   115.07   10/0  Prospective   Total Prospective   Prospective Adjusted for New costs    Interim   Total Interim   Settlement based on costs    dell Samuel, Administrator   Received   Receive				
Pro	vider Type:				Cu	rrent Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019		
	Hospid	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 -	+)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
Γ	Basis :	]	Rate	e Ty	ype :	$\overline{}$				
-		Budget		Χ		 Prospect	ive			
_		Unaudited costs				— Total Pro	spective			
_		Desk audited costs				Prospect	ive Adjusted for	New costs		
_		Field audited costs								
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Lee								
	Distribution			W.F	Rydell	Samuel, Ad	ministrator #	z		
Fiscal Agent		-	Medicaid Cost Reimbursement Analysis							
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029570125 - 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

			Medicaid Kellibursellielit Fel	Dieili Nates ic	i ivo	111-11131	itutionai	FIOVIUCIS			
Family Health Centers of SW Florida				Provider Number: 029570125							
Cape Coral Health Center					Date: 10/04/2019						
РΟ	Box 13	357			Fis	Fiscal Year End : N/A					
Foi	t Myers	s, FL 33	902		Au	dit Sta	tus : N/A				
Pro	vider <sup>-</sup>	Туре:				Curre	ent Rate	pective I Prospective pective Adjusted for New costs  im I Interim ement based on costs  I, Administrator			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-	-60)							
		#6	51a / H5L Routine Home Care (	61 +)							
		#6	52 / H52 Continuous Home Car	е							
		#0	551 / 0561 Continuous Home C	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
[	Ва	asis :	7	Rate	тур	oe :	]				
٠			Budget		Х	Prospective					
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
-			Field audited costs				-				
-			Medicare - Prospective				Interim				
		Χ	Payment System Rate			Total Interim					
-			Average Nursing Home Rate Lee				Settleme	nt based on cost	is .		
	Dist	ribution	<u>:</u>		W.Ry	/dell S	amuel, Ad	ministrator #	~		
	Fisca	al Agent		ī	Medicaid Cost Reimbursement Analysis						
	Conti	ract Man	agement								
	Perm	nanent Fi	le								
	Prog	ram Dev	elopment:								



029570127 - 2019/10

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

Tallahassee, Florida 32308

		- Modicala Komisarcoment i oi bio	Tracoo ic		,,, ,,,, <u>,</u>	titutionar	10110010		
Family Health Centers of SW Florida - Kings Hwy #210				Provider Number: 029570127					
				Da	ite : 10	0/04/2019			
РО	Box 1357			Fis	scal Ye	ear End : N	I/A		
For	t Myers, FL 33	9021357		Au	dit Sta	e: 10/04/2019 cal Year End: N/A dit Status: N/A  Current Rate New Rate Effective  113.37 115.07 10/01  Prospective Total Prospective Prospective Adjusted for New costs  Interim Total Interim Settlement based on costs  dell Samuel, Administrator			
Pro	vider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
ſ	Basis :		Rate	e Tyl	oe :	1			
[		 Budget		Χ		⊐ Prospect	ive		
-		Unaudited costs				– Total Pro	spective		
-		Desk audited costs	-			- Prospect	ive Adjusted for	New costs	
-		Field audited costs	-			_			
-		Medicare - Prospective				_ Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cos	ts	
-		Charlotte				_			
	Distribution		,	W.R	ydell S	Samuel, Ad	ministrator #	z	
Fiscal Agent		- I	Medicaid Cost Reimbursement Analysis						
	Contract Man	agement					·		
	Permanent Fi	le							
	Program Dev	elopment:							
	For	information Only (No Change in rate)							



029570133 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Modicala Rollingaroomont i or Bio	m ratoo r	<u> </u>	1011 1	<u> </u>	10114010			
Far	nily Health Cent	ters of Southwest Florida		F	Provid	rovider Number : 029570133				
					Date	: 10/04/2019				
192	26 Victoria Aven	ue		F	iscal	I Year End : N	I/A			
For	t Myers, FL 339	901		A	Audit	Status : N/A				
Pro	vider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				113.37	115.07	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
Γ	Basis :		Rat	e T	ype :	: ]				
		Budget		X		 Prospect	ive			
_		Unaudited costs				Total Pro	spective			
_		Desk audited costs				Prospect	ive Adjusted for	New costs		
_		Field audited costs								
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Lee								
	Distribution			W.I	Ryde	ell Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analy	sis		
	Contract Mana	agement					ĺ			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



029572800 - 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

			Medicald Neillibursement Fer D	ieiii ivales id	)	<u> </u>	itutionai	FIOVIU <del>CIS</del>		
Со	mmunity	/ Health	of South Florida		Pro	ovider Number : 029572800				
					Da	ite : 10	/04/2019			
103	300 S.W	/. 216th \$	Street		Fis	scal Ye	ar End : N	I/A		
Mia	ami, FL	33190			Au	dit Sta	tus : N/A			
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural I	Health Clinic							
		Swing	Bed Provider							
	X	Federa	Illy Qualified Health Centers				154.97	157.29	10/01/2019	
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-60	0)						
		#65	i1a / H5L Routine Home Care (61	+)						
		#65	2 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	e - SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :	]	Rate	э Тур	oe :	]			
٠			Budget		Χ		Prospect	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs	-			_			
			Medicare - Prospective				Interim			
		X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	s	
			Dade				_			
	Distr	ibution	<u>.</u>		W.R	vdell S	amuel, Ad	ministrator #	·	
	Fiscal	Agent		-				ursement Analys	sis	
	Contr	act Mana	agement					,		
	Perma	anent Fil	е							
	Progr	am Deve	elopment:							



029572801 - 2019/10

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

Tallahassee, Florida 32308

		Medicald Kellibursellient Fer Dielli	i Nates IO	INO	11-11150	itutionari	FIOVILLEIS			
Cor	community Health of South Florida			Pro	Provider Number : 029572801					
				Dat	te : 10/	04/2019				
810	West Mowry S	treet		Fis	cal Ye	ar End : N	I/A			
Hor	mestead, FL 33	030		Aud	dit Stat	us : N/A				
Pro	vider Type:				Curre	nt Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care - S	SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
Γ	Basis :		Rate	Тур	e :					
L		_l Budget		X		Prospect	ive			
_		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
_		Field audited costs								
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	s		
_		Dade								
	Distribution		V	V.Ry	dell Sa	amuel, Ad	ministrator #	?		
	Fiscal Agent		_				ursement Analys	sis		
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



029572804 - 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

		-	<u> Medicaid Reimbursement Per L</u>	nem Rate	es for No	on-ins	<u>iitutionai i</u>	<u>Providers</u>				
Со	mmunity	Health	of South Florida		Pr	rovider Number : 029572804						
W.	Perrine	Health C	Ctr		Da	ate : 10	/04/2019					
176	623 Hom	nestead /	Avenue		Fi	scal Ye	ear End : N	I/A				
Pe	rrine, FL	33157			Αι	Provider Number: 029572804  Date: 10/04/2019  Fiscal Year End: N/A  Audit Status: N/A  Current Rate New Rate Effective Date  154.97 157.29 10/01/2019  Type:						
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Ily Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	0)								
		#65	1a / H5L Routine Home Care (6	1 +)				157.29 10/01/2019 re pective				
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Ca	re - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Bas	sis :	]		Rate Ty	pe :	]					
·			Budget		Х		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
-			Desk audited costs				Prospect	ive Adjusted for	New costs			
-			Field audited costs				_					
-			Medicare - Prospective				Interim					
_	2	X	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate Dade	_			Settleme	nt based on cost	s			
	Distri	bution:	<u> </u>		W.R	ydell S	amuel, Ad	ministrator				
Fiscal Agent				Med	licaid C	ost Reimb	ursement Analys	sis				
			gement									
	Perma	anent File	Э									
	Program Development:											



029572805 - 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

			Wedicald Neillibursement Per	Dieili Nates 10	INU	111-11131	itutionai	FIOVIUCIS				
Со	ommunity Health of South Florida					rovider Number : 029572805						
Na	ranja He	alth Ce	nter		Da	ate: 10/04/2019						
138	390 S.W	. 264 St	reet		Fis	cal Ye	ar End : N	I/A				
Но	mestead	l, FL 33	030		Au	dit Sta	tus : N/A					
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural I	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-	60)								
		#6	51a / H5L Routine Home Care (6	61 +)								
		#6	52 / H52 Continuous Home Care	9								
		#0	551 / 0561 Continuous Home Ca	are - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
[	Bas	sis :	7	Rate	Тур	oe:	]					
٠			Budget		Χ		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
-			Desk audited costs				Prospect	ive Adjusted for	New costs			
_			Field audited costs				_					
-			Medicare - Prospective				Interim					
_	,	X	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate Dade				Settleme	nt based on cost	is .			
	Distri	ibution	<u>.</u>	I	W.Ry	/dell S	amuel, Ad	ministrator #	7			
	Fiscal	Agent		N	Medi	caid C	ost Reimb	oursement Analys	sis			
Contract Management												
Permanent File												
	Progra	am Deve	elopment:									



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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

		-	Medicaid Keiliburseilleitt Fer L	<u> </u>	vales ioi	INOII-	institutional	FIOVIUEIS				
Со	mmunit	y Health	of S. Florida- Everglades			Provi	rovider Number : 029572809					
Ev	erglade	s Health (	Ctr			Date	ate: 10/04/2019					
192	200 SW	/ 380th St				Fisca	I Year End : N	I/A				
Flo	rida Cit	y, FI 330	30			Audit	Status : N/A					
Pro	ovider 7	Туре:				С	urrent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Ily Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	iO)								
		#65	1a / H5L Routine Home Care (6	1 +)			Current Rate New Rate Effective Date  154.97   157.29   10/01/2019  Prospective Total Prospective Adjusted for New costs  Interim					
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Ca	A								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Ва	asis :	]		Rate 1	Туре	:					
٠			Budget		>	<	Prospect	ive				
-			Unaudited costs	-			Total Prospective					
-			Desk audited costs				Prospect	ive Adjusted for	New costs			
-			Field audited costs									
•			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
-			Average Nursing Home Rate Dade	-			Settleme	nt based on cost	is .			
	Distr	ribution:			W	.Ryde	ell Samuel, Ac	Iministrator	~			
	Fisca	l Agent			Me	edicai	d Cost Reimb	oursement Analys	sis			
	Contr	ract Mana	gement									
Permanent File												
	Program Development:											



029572810 - 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

			Medicald Kellibul Sellielit Fel	Dieili Nates IC	1 14	011-1113	<u>iiiuiioiiai i</u>	I I O V I U C I S				
Со	mm Hlth	of S. Fl	orida-S Dade		Pı	rovider	ovider Number : 029572810					
So	uth Dad	e Health	Center		Da	ate : 10	te: 10/04/2019					
13	600 SW	312th St	t		Fi	scal Y	ear End : N	I/A				
Но	mestead	d, FI 330	90		Αι	udit Sta	atus : N/A					
Pre	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
		Rural I	lealth Clinic									
		Swing	·Bed Provider									
	X	Federa	Illy Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospic	e Provider									
		#65	51 / H51 Routine Home Care (1-	60)								
		#65	51a / H5L Routine Home Care (6	61 +)								
	#652 / H52 Continuous Home Care											
	#0551 / 0561 Continuous Home Care - SIA											
	#655 / H55 Inpatient Respite Care											
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :		Rate	ту	pe:						
			Budget		Χ		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Dade									
	Distr	ibution	<u>:</u>		N.R	tvdell S	Samuel. Ad	ministrator #	,			
	Fiscal	Agent		_				ursement Analys	sis			
	Contra	act Mana	agement					<b>y</b> .				
	Perma	anent Fil	е									
	Program Development:											



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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 Ra	ates for r	von-ins	stitutionai	<u>Providers</u>				
Со	mmunit	ty Health	of South Florida - Homestead Senior Higl	h F	Provider Number : 029572817						
					ate : 1	0/04/2019					
103	300 SW	/ 216 St		F	iscal Y	ear End : N	I/A				
Mia	mi, FL	33190		P	udit St	atus : N/A					
Pro	vider <sup>*</sup>	Туре:			Cur	rent Rate	New Rate	Effective Date			
		Rural H	Health Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers			154.97	157.29	10/01/2019			
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61 +)								
		#65	52 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care - SIA	1							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Basis:		<u> </u>	Rate T	ype :	7	ve				
L			」	X		∟ Prospect	ive				
-			Unaudited costs			– Total Pro	spective				
-			Desk audited costs			– Prospect	ive Adjusted for	New costs			
-			Field audited costs			_					
-			Medicare - Prospective			_ Interim					
		Χ	Payment System Rate			_ Total Inte	erim				
-			Average Nursing Home Rate			_ Settleme	nt based on cost	ts			
-			Dade			_					
	Dist	ribution	<u> </u>	W.I	Rvdell	Samuel, Ad	Iministrator #	~			
	Fisca	al Agent					oursement Analys	sis			
	Cont	ract Mana	agement				~,				
	Perm	nanent Fil	e								
	Prog	ram Deve	elopment:								
		For i	nformation Only (No Change in rate)								



029572819 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicaid Neillibursement Fer Die	eiii Nates 10	1 14	011-1113	litutionari	FIOVILLEIS				
Сс	mmunity	/ Health	of South Florida - Cope South		Р	rovider	ovider Number : 029572819					
					D	ate : 10	ate: 10/04/2019					
10	300 SW	216 St			Fi	iscal Ye	ear End : N	I/A				
Mi	ami, FL	33190			A	udit Sta	atus : N/A					
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
		Rural F	lealth Clinic					,				
		Swing-	Bed Provider									
	Χ	Federa	Ily Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)	)								
		#65	1a / H5L Routine Home Care (61	+)								
	#652 / H52 Continuous Home Care											
		#05	51 / 0561 Continuous Home Care	e - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	7	Rate	Ту	pe:	]					
			Budget		Χ		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Dade									
	Distr	ibution:		1 \	V.R	Rydell S	Samuel, Ad	ministrator #	,			
	Fiscal	Agent		_				ursement Analys	sis			
	Contra	act Mana	agement					<b>,</b>				
	Perma	anent File	Э									
	Progra	am Deve	lopment:									



029572824 - 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

Community Health of South Florida - Marathon Health Center    Provider Number : 029572824     Date : 10/04/2019     Total Year End : N/A     Audit Status : N/A     Provider Type:   Current Rate   New Rate     Rural Health Clinic     Swing-Bed Provider     X Federally Qualified Health Centers   154.97   157     Hospice Provider   #651 / H51 Routine Home Care (1-60)     #651a / H5L Routine Home Care (61 +)     #652 / H52 Continuous Home Care - SIA     #655 / H55 Inpatient Respite Care						
10300 S.W. 216th Street  Miami, FL 33190  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA						
Miami, FL 33190  Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  #651 / H51 Routine Home Care (1-60)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA						
Provider Type:  Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA						
Rural Health Clinic  Swing-Bed Provider  X Federally Qualified Health Centers 154.97 157  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA						
Swing-Bed Provider  X Federally Qualified Health Centers 154.97 157  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA	Effective Date					
X Federally Qualified Health Centers 154.97 157  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA						
Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA						
#651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA	7.29 10/01/2019					
#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA						
#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA						
#0551 / 0561 Continuous Home Care - SIA						
#655 / H55 Inpatient Respite Care						
·						
#656 / H56 General Inpatient Care						
#659 Room and Board						
Basis : Rate Type :						
Budget X Prospective						
Unaudited costs Total Prospective						
Desk audited costs Prospective Adjusted	for New costs					
Field audited costs						
Medicare - Prospective Interim						
X Payment System Rate Total Interim						
Average Nursing Home Rate Settlement based on a Dade	costs					
<u>Distribution:</u> W.Rydell Samuel, Administrator	F					
Fiscal Agent Medicaid Cost Reimbursement Ar	nalysis					
Contract Management						
Permanent File						
Program Development:						



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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

			<u>Medicaid Reimbursement Per Diem i</u>	Rates for	NON-II	istitutionai	<u>Providers</u>				
Со	mmunit	ty Health	of South Florida - Moton Elementary So	h	Provider Number : 029572826						
					Date :	10/04/2019					
10	300 S.V	V. 216th	Street		Fiscal	Year End : N	I/A				
Mia	ami, FL	33190			Audit S	Status : N/A					
Pre	ovider <sup>*</sup>	Туре:			Cu	rrent Rate	New Rate	Effective Date			
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			154.97	157.29	10/01/2019			
		Hospid	ce Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#6	51a / H5L Routine Home Care (61 +)								
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Care - S	IA							
		#65	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	asis :		Rate 1	уре :						
•			Budget	×	(	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	ts			
			Dade								
	Dist	ribution	<u>.</u> <u>:</u>		.Rvdell	I Samuel, Ad	Iministrator	~			
	Fisca	al Agent					oursement Analy				
	Cont	ract Mana	agement		-	-					
	Perm	nanent Fil	le								
	Prog	ram Deve	elopment:								



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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

		_	wedicaid Neillibursement Fer D	rieiii ivales io	1 140	<u> </u>	litutional	I I O V I U C I S			
Со	mmunity	of South Florida - Colonial Drive E	lem	Pr	ovider	ovider Number : 029572828					
					Da	ate : 10	0/04/2019				
10	300 S.W.	216th S	treet		Fis	scal Ye	scal Year End : N/A				
Mia	ami, FL 3	33190			Αι	ıdit Sta	atus : N/A				
Pre	ovider Ty	/pe:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	0)							
		#65	1a / H5L Routine Home Care (61	l <b>+</b> )							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Car	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	is:		Rate	Ту	pe:					
			Budget		Χ		_ Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim _				
	Х	(	Payment System Rate				Total Inte				
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distril	bution:		_1	V.R	ydell S	Samuel, Ad	ministrator #	,		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	ct Mana	gement					,			
	Perma	nent File	2								
	Program Development:										



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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

		-	Medicaid Neillibui Seilleilt Fei Die	em Nates io	1 11	011-1113	litutionari	TOVIUEIS			
Сс	mmunity	/ Health	of South Florida - H.A Ammons Mid	dle	Р	rovider	Number :	029572829			
					D	ate : 10	0/04/2019				
10	300 S.W	. 216th S	Street		Fi	Fiscal Year End : N/A					
Mi	ami, FL	33190			A	udit Sta	atus : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	Χ	Federa	Ily Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
	#651a / H5L Routine Home Care (61 +)										
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
#656 / H56 General Inpatient Care											
		#65	9 Room and Board								
	Ва	sis :		Rate	Ту	/pe :	1				
			Budget		Χ		Prospect	ve			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ve Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distr	ibution:		<u> </u>	N.R	Rydell S	Samuel, Ad	ministrator #	`		
	Fiscal	Agent		_				ursement Analys	sis		
Contract Management						,					
	Perma	anent File	е								
	Progra	am Deve	lopment:								



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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

Community Health of South Florida - John A. Ferguson Senior	Provider Number : 029572831				
	Date: 10/04/2019				
10300 S.W. 216th Street	Fiscal Year End : N/A				
Miami, FL 33190	Audit Status : N/A				

Provider	Туре:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	154.97	157.29	10/01/2019
	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)			
	#651a / H5L Routine Home Care (61 +)			
	#652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#655 / H55 Inpatient Respite Care			
	#656 / H56 General Inpatient Care			
	#659 Room and Board			

Basis :	7	Rate Type :	]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		- Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		-

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



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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

			Medicald Neillibursement Fer	Dieili Nates 10	INO	<u>II-IIISIIIUIIOIIa</u>	I FIOVIUEIS					
Со	mmunit	of South Florida - South Dade Se	nior	Pro	vider Number	: 029572832						
					Date: 10/04/2019							
103	300 S.V	V. 216th	Street		Fiscal Year End : N/A							
Mia	ami, FL	33190			Aud	dit Status : N/A	1					
Pro	ovider <sup>-</sup>	Туре:				Current Rate	New Rate	Effective Date				
		Rural	Health Clinic				'					
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers			154.9	7 157.29	10/01/2019				
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-	60)			·					
		#6	51a / H5L Routine Home Care (6	1 +)								
		#6	52 / H52 Continuous Home Care									
		#0	551 / 0561 Continuous Home Ca	re - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
ſ	Ва	asis :		Rate	Тур	e:						
٠			Budget		Χ	Prospe	ctive					
•			Unaudited costs			Total P	rospective					
•			Desk audited costs			Prospe	ctive Adjusted for	New costs				
-			Field audited costs									
-			Medicare - Prospective			Interim						
_		Χ	Payment System Rate			Total In	terim					
•			Average Nursing Home Rate Dade			Settlem	ent based on cos	ts				
	Diet	ribution				dell Occident		7				
<u>Distribution:</u> Fiscal Agent			_		dell Samuel, A							
Contract Management			N	viedio	aid Cost Rein	nbursement Analy	SIS					
		nanent Fi										
	Program Development:											
	i iogi		оориви.									



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Tallahassee, Florida 32308

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

		•	modicard Rombardomont i di Bi	ioiii itatoo io				TO VIGOTO			
Со	Community Health of South Florida - W.A. Chapman E			Elem	Provider Number : 029572833						
					Dat	ate: 10/04/2019					
103	300 S.V	V. 216th S	Street		Fiscal Year End : N/A						
Mia	ami, FL	33190			Aud	dit Sta	tus : N/A				
Pro	ovider T	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing-	-Bed Provider								
	X	Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60	0)							
	#651a / H5L Routine Home Care (61 +)										
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	nsis :		Rate	тур	e :					
•			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
-			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Dade								
	<u>Distribution:</u>				W.Rv	dell S	amuel. Ad	ministrator #	?		
Fiscal Agent			_				ursement Analys	sis			
Contract Management							<b>,</b>				
	Perm	anent Fil	е								
	Progr	ram Deve	elopment:								



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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

		-	Medicaid Neillibursellient Fer Die	eiii ivales io	1 14	011-11131	ilulionai	FIOVILLEIS			
Со	mmunity	Health (	of South Florida - Braddock Senior		Pr	ovider	Number :	029572837			
					Da	Pate: 10/04/2019					
10	300 S.W	. 216th S	Street		Fi	Fiscal Year End : N/A					
Mi	ami, FL	33190			Αι	udit Sta	itus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
	#651a / H5L Routine Home Care (61 +)										
	#652 / H52 Continuous Home Care										
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
#656 / H56 General Inpatient Care											
		#65	9 Room and Board								
	Ва	sis :	]	Rate	Ту	pe :	]				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distr	ibution:		ΙV	V.R	ydell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
Contract Management						,					
	Perma	anent File	e								
	Progra	am Deve	lopment:								



029572853 - 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

		-	Medicaid Neillibursellient Fer Die	eiii ivales io	1 14	011-11131	ilulionai	FIOVILLEIS				
Сс	mmunity	/ Health o	of S. Florida - Avocado Elem.		Pr	ovider	Number :	029572853				
					Da	ate : 10	ate: 10/04/2019					
10	300 SW	216th St	reet		Fi	Fiscal Year End : N/A						
Mi	ami, FL	3319010	03		Αι	udit Sta	itus : N/A					
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)	)				,				
	#651a / H5L Routine Home Care (61 +)											
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	- SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	]	Rate	Ту	pe :	]					
			Budget		Χ		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Dade									
	Distr	ibution:		<u> </u>	V.R	ydell S	amuel, Ad	ministrator #	,			
Fiscal Agent			_				ursement Analys	sis				
Contract Management			-	_		,						
	Perma	anent File	9									
	Progra	am Deve	lopment:									



029572855 - 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

		-	Medicald Neillibursement Fer Di	em Nates ic	<u> </u>	1011-1118	titutionai	FIOVILLEIS				
Сс	mmunity	/ Health o	of S. Florida - FL City Elem		Р	rovide	Number :	029572855				
					D	ate : 1	ate: 10/04/2019					
10	300 SW	216th St	reet		F	Fiscal Year End : N/A						
Mi	ami, FL	3319010	003		A	udit St	atus : N/A					
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
		Rural F	lealth Clinic					,				
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)	)								
	#651a / H5L Routine Home Care (61 +)											
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	e - SIA								
		#65	5 / H55 Inpatient Respite Care									
#656 / H56 General Inpatient Care												
		#65	9 Room and Board									
	Ва	sis :		Rate	: Ty	/pe :	]					
			Budget		Х		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				_ Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Dade									
	Distr	ibution:		1	N.F	Rydell S	Samuel, Ad	ministrator #	,			
Fiscal Agent		_				ursement Analys	sis					
Contract Management												
	Perma	anent File	e									
	Progra	am Deve	lopment:									



029572856 - 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

		-	Medicaid Neillibursellient Fer Die	em Nates 10	1 11	1011-1113	Stitutional	FIOVILLEIS				
Сс	mmunity	/ Health	of S. Florida - Homestead Middle		Р	rovide	r Number :	029572856				
					D	ate : 1	ate: 10/04/2019					
10	300 SW	216th St	reet		Fi	Fiscal Year End : N/A						
Mi	ami, FL	3319010	03		A	udit St	atus : N/A					
Pr	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic					,				
		Swing-	Bed Provider									
	Χ	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)	)								
	#651a / H5L Routine Home Care (61 +)											
	#652 / H52 Continuous Home Care											
		#05	51 / 0561 Continuous Home Care	- SIA								
		#65	5 / H55 Inpatient Respite Care									
#656 / H56 General Inpatient Care												
		#65	9 Room and Board									
	Ва	sis :	]	Rate	Ту	/pe :	7					
			Budget		Χ		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Dade									
	Distr	ibution:		<u> </u>	W.F	Rydell	Samuel, Ad	ministrator #	~			
Fiscal Agent			_				ursement Analys	sis				
Contract Management						,						
	Perma	anent File	9									
	Progra	am Deve	lopment:									



029572857 - 2019/10

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Tallahassee, Florida 32308

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

		•	Medicald Neillibursement Fer D	ieiii ivates it	<i>)</i>	<u> </u>	itutionai	FIOVILLEIS			
Со	mmunit		Pro	ovider	Number :	029572857					
					Date: 10/04/2019						
103	300 SW	216th S	treet		Fiscal Year End : N/A						
Mia	ami, FL	3319010	003		Au	dit Sta	tus : N/A				
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60	0)							
	#651a / H5L Routine Home Care (61 +)										
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	э Тур	oe :	]				
٠			Budget		Χ		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				-				
•			Medicare - Prospective	-			Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
-			Dade				_				
	Distr	ibution	<u>.</u>		W.R۱	ydell S	amuel, Ad	ministrator #	<u> </u>		
Fiscal Agent			-				ursement Analys	sis			
Contract Management							,				
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



029572859 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicald Neillibursement Fer Die	em Nates 10	1 14	011-1113	litutionari	FIOVILLEIS			
Сс	mmunity	/ Health o	of S Florida - Redondo Elem		Р	Provider Number : 029572859					
					D	ate : 10	ate: 10/04/2019				
10	300 SW	216th St	reet		Fi	iscal Ye	ear End : N	I/A			
Mi	ami, FL	3319010	03		A	udit Sta	dit Status : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
		#65	1a / H5L Routine Home Care (61	+)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
	#656 / H56 General Inpatient Care										
		#65	9 Room and Board								
	Ва	sis :	]	Rate	Ту	/pe :	1				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distr	ibution:		<u> </u>	W.R	Rydell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	9								
	Progra	am Deve	opment:								



029572868 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicaid Neillibursellient Fer Die	em Nates 10	1 14	011-11151	ilulionai	FIOVILLEIS			
Сс	mmunity	/ Health o	of S. Florida - Royal Green Elem		Provider Number : 029572868						
					Da	ate: 10/04/2019					
10	300 SW	216th St	reet		Fi	iscal Year End : N/A					
Mi	ami, FL	3319010	003		Αι	udit Sta	dit Status : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
		#65	1a / H5L Routine Home Care (61	+)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
	#656 / H56 General Inpatient Care										
		#65	9 Room and Board								
	Ва	sis :		Rate	Ту	pe :	]				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distr	ibution:		<u> </u>	V.R	Rydell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	e								
	Progra	am Deve	lopment:								



029572875 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		-	Medicald Neilliburseilleilt Fer D	ieiii ixa	ates ioi	INOI	<u>i-iiiStitutioiiai</u>	FIOVIDEIS			
Со	mmunity	y Health o	of South Florida			Prov	Provider Number : 029572875				
So	uth Miar	mi Health	Center			Date	ate: 10/04/2019				
103	300 SW	216th St	reet			Fisc	scal Year End : N/A				
Mia	ami, FL	3319010	03			Aud	it Status : N/A				
Pro	vider T	уре:					Current Rate	New Rate	Effective Date		
		Rural F	lealth Clinic					1			
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				154.9	7 157.29	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	0)							
	#651a / H5L Routine Home Care (61 +)										
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Ва	sis :	]		Rate	Туре	e :				
٠			Budget			X	Prospec	tive			
•			Unaudited costs				Total Pr	ospective			
-			Desk audited costs	-			Prospec	tive Adjusted for	New costs		
-			Field audited costs								
-			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Int	erim			
•			Average Nursing Home Rate				Settlem	ent based on cos	ts		
•			Dade								
	Distr	ibution:			W	V.Ryo	dell Samuel, A	dministrator #			
Fiscal Agent			Medicaid Cost Reimbursement Analysis								
Contract Management							. ,				
Permanent File											
	Program Development:										



029572895 - 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

		Medicald Neillibursement Fer L	Jieiii Naies	101 1	1011-	iiiSiitutioiiai	FIOVIUEIS			
Commun	ity Health	of South Florida		F	Provi	rovider Number : 029572895				
West Ke	ndall Heal	th Center			Date	: 10/04/2019				
10300 S	W 216th S	treet		F	isca	I Year End : N	I/A			
Miami, F	L 331901	003		P	٩udit	dit Status : N/A				
Provider	Type:				С	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					1			
	Swing	-Bed Provider								
Х	Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-6	50)							
	#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care									
	#0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care									
	#6	59 Room and Board								
E	Basis :		Ra	ate T	уре	:				
<u> </u>		 Budget		Х		 Prospect	ive			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		 Dade								
Dis	tribution	<u>.</u>		W.	Rvde	ell Samuel, Ac	ministrator #			
Fisc	cal Agent						oursement Analys	sis		
Cor	ntract Man	agement		5						
Per	manent Fi	le								
Pro	gram Deve	elopment:								



Permanent File

Program Development:

\_ For information Only (No Change in rate)

# Florida Agency for Health Care Administration

029572897 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		Medicald Reillibursement Fer Diel	III INALES IO	1110	<u> </u>	FIOVIUCIS				
Commun	ity Health	of South Florida		Provider Number : 029572897						
Coconut	Grove Hea	alth Center		Da	ate: 10/04/2019					
10300 S\	W 216th S	treet		Fis	Fiscal Year End : N/A					
Miami, Fl	L 331901	003		Audit Status : N/A						
Provider	т Туре:				Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic								
	Swing	-Bed Provider								
Х	Federa	ally Qualified Health Centers			154.97	157.29	10/01/2019			
	Hospid	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#651a / H5L Routine Home Care (61 +)									
	#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
Е	Basis :		Rate	Тур	pe:					
		Budget		Χ	Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	S			
		Dade								
<u>Dis</u>	tribution	l. <u>:</u>	V	V.Ry	ydell Samuel, Ac	Iministrator				
Fisc	Fiscal Agent		_	Medicaid Cost Reimbursement Analysis						
Con	Contract Management									



029574400 - 2019/10

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

Tallahassee, Florida 32308

		Modicard Rollingar Compiler of Bio	min itatoo it	<u>,, ,,</u>		iotitational	10110010				
FL	Community Hea	alth Ctrs- Okeechobee		Р	Provider Number : 029574400						
				D	ate :	10/04/2019					
445	50 South Tiffany	<sup>'</sup> Drive		F	iscal	Year End : N	I/A				
We	st Palm Beach,	, FL 33407		A	udit S	udit Status : N/A					
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				127.20	129.11	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rat	e Ty	ype :						
<b>ַ</b>		Budget		Χ		 Prospect	ive				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs	-			Prospect	ive Adjusted for	New costs			
-		Field audited costs									
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cos	ts			
		Okeechobee									
	Distribution			W.F	Rydel	l Samuel, Ad	ministrator #	ζ			
	Fiscal Agent						oursement Analy	sis			
	Contract Man	agement					·				
	Permanent Fi	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



029574402 - 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

		-	Medicaid Neillibursement Fer Di	em ivales ic	/I IN	1011-1113	titutionai	FIOVICEIS			
FL	Commu	ınity Hea	Ith Ctrs- Clewiston		Provider Number : 029574402						
					D	ate : 10	0/04/2019				
44	50 South	n Tiffany	Drive		Fi	iscal Y	scal Year End : N/A				
We	est Palm	Beach,,	FL 33407		Α	udit Sta	dit Status : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				127.20	129.11	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)							
		#65	1a / H5L Routine Home Care (61	+)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
		6 / H56 General Inpatient Care									
		#65	9 Room and Board								
	Ва	sis :	]	Rate	э Ту	/pe :	]				
'			Budget	-	Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				_ Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	rs		
			Okeechobee				_				
	Distr	ibution:		,	W.F	Rydell S	Samuel. Ad	ministrator #	<u> </u>		
	Fiscal	Agent		-				ursement Analys	sis		
	Contra	act Mana	gement		- •						
	Perma	anent File	e								
	Progra	am Deve	lopment:								



029574403 - 2019/10

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Tallahassee, Florida 32308

		Medicaid Keiliburseillelit Fer Dielli	Nates IOI	IVOI	i-iii5titutioiiai	FIOVIUCIS			
FL	Community Hea	alth Ctrs- Indiantown		Provider Number : 029574403					
				Date	Date: 10/04/2019				
445	0 South Tiffany	v Drive		Fisc	al Year End : N	I/A			
We	st Palm Beach,	, FL 33407		Aud	udit Status : N/A				
Pro	vider Type:			(	Current Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Feder	ally Qualified Health Centers			127.20	129.11	10/01/2019		
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +)							
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care - S	SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
٦	Basis :		Rate	Type	<u> </u>				
L		l Budget		X	Prospect	ive			
-		Unaudited costs			 Total Pro				
_		— Desk audited costs			Prospect	ive Adjusted for	New costs		
_		— Field audited costs				·			
-		— Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
-		Average Nursing Home Rate			Settleme	nt based on cost	ts		
-		Okeechobee							
	Distribution	<u> </u>   <u>:</u>	W	V.Rvc	dell Samuel, Ad	ministrator #	~		
	Fiscal Agent		_			oursement Analy	sis		
	Contract Man	agement				.,			
	Permanent Fi	le							
	Program Dev	elopment:							
	For	information Only (No Change in rate)							



029574404 - 2019/10

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

Tallahassee, Florida 32308

		Medicaid Neillibursement Fer Dielli	Nates IOI	NOIL	-institutional	FIOVIUEIS				
FL	Community He	alth Ctrs- Ft. Pierce		Provider Number : 029574404						
				Date	Date: 10/04/2019					
445	50 South Tiffan	y Drive		Fisca	al Year End : N	I/A				
We	st Palm Beach	,, FL 33407		Audi	udit Status : N/A					
Pro	ovider Type:			C	Surrent Rate	New Rate	Effective Date			
	Rural	Health Clinic								
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers			127.20	129.11	10/01/2019			
	Hospi	ice Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care								
	#0	9551 / 0561 Continuous Home Care - S	SIA							
	#6	555 / H55 Inpatient Respite Care								
	#6	556 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	¬	Rate	Tvpe	: ]					
L		J Budget		X	l Prospect	ive				
-		Unaudited costs			 Total Pro					
-		 Desk audited costs			 Prospect	ive Adjusted for	New costs			
-		— Field audited costs			·	•				
-		— Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
-		Average Nursing Home Rate			Settleme	nt based on cost	ts			
-		Okeechobee								
	Distribution	<u>ı:</u>	W	/.Rvd	ell Samuel, Ad	ministrator #	~			
	Fiscal Agent		_			ursement Analy	sis			
	Contract Man	nagement				,				
	Permanent F	ile								
	Program Dev	relopment:								
	For	information Only (No Change in rate)								



029574406 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

		-	Medicald Kellibursellielit Fer Di	em Nates it	/I IN	011-1113	litutionari	FIOVIUEIS			
FL	Commu	nity Hea	Ith Ctrs- Lakeshore Medical		Provider Number : 029574406						
					D	Date: 10/04/2019					
44	50 South	n Tiffany	Drive		Fi	iscal Ye	scal Year End : N/A				
We	est Palm	Beach,,	FL 33407		Α	udit Sta	dit Status : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				127.20	129.11	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)							
		#65	1a / H5L Routine Home Care (61	+)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
		6 / H56 General Inpatient Care									
		#65	9 Room and Board								
	Ва	sis :	7	Rate	э Ту	pe:	]				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Okeechobee								
	Distr	ibution:		I	W.F	Rydell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		-				ursement Analys	sis		
	Contra	act Mana	agement								
	Perma	anent File	е								
	Progra	am Deve	lopment:								



029574418 - 2019/10

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

		-	Medicaid Reimbursement Per D	nem Rates for	NOI	<u>ı-ınstitutionai</u>	<u>Providers</u>				
FL	Commu	nity Hea	lth Centers - Pahokee		Prov	vider Number :	029574418				
					Date	e: 10/04/2019					
44	50 S. Tif	fany Driv	/e		Fisc	al Year End : N	I/A				
We	st Palm	Beach,	FL 33407		Aud	udit Status : N/A					
Pro	ovider T	уре:			(	Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers			127.20	129.11	10/01/2019			
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-6	0)							
		#65	11a / H5L Routine Home Care (61	1 +)							
	#652 / H52 Continuous Home Care										
		#05	551 / 0561 Continuous Home Car	re - SIA							
	#655 / H55 Inpatient Respite Care										
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :	1	Rate	Туре	e:					
Ì			Budget		X	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
•			Medicare - Prospective			Interim					
		X	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	ts			
			Okeechobee								
	Distri	ibution	<u>:</u>	_I	V.Ryc	dell Samuel, Ad	ministrator	?			
	Fiscal	Agent					ursement Analy				
	Contra	act Mana	agement				·				
	Perma	anent File	е								
	Progra	am Deve	elopment:								



029574420 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicaid Keillibui Seilleilt Fei	Dieili Nates It	<u>/1   11</u>	01171118	Situtional	I IOVIU <del>CIS</del>			
FL	Commu	nity Hea	lth Center - Moore Haven		Р	rovide	r Number :	029574420			
					D	ate : 1	0/04/2019				
44	50 S. Tiff	fany Driv	/e		Fi	scal Year End : N/A					
We	st Palm	Beach,	FL 334073241		Α	udit St	dit Status : N/A				
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				127.20	129.11	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-	60)					,		
		#65	i1a / H5L Routine Home Care (6	61 +)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
		66 / H56 General Inpatient Care									
		#65	9 Room and Board								
	Bas	sis :	]	Rate	<b>Э</b> Ту	pe:	7				
•			Budget		Χ		Prospect	ive			
•			Unaudited costs	-			Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				 Interim				
	)	X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Glades				_				
	Distri	bution	<u>.</u>		W.F	Rydell S	Samuel, Ad	ministrator #	<u> </u>		
	Fiscal	Agent		-				ursement Analys	sis		
	Contra	act Mana	agement					<b>,</b>			
	Perma	nent File	е								
	Progra	am Deve	elopment:								



029574422 - 2019/10

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		modical Compared Month of Bio	min itatoo i	<u> </u>		otitutional	110114010			
Florida Community Health Centers - Stuart				Provider Number : 029574422						
					Date: 10/04/2019					
44	50 South Tiffany	/ Drive		F	Fiscal Year End : N/A					
We	est Palm Beach,	FL 334073241		A	udit S	tatus : N/A				
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	<sub>J</sub> -Bed Provider								
	X Feder	ally Qualified Health Centers				127.20	129.11	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :	7	Rat	e Ty	/pe :	7				
١.		 Budget		Χ		— Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs	-							
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Interim				
•		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Martin	<u> </u>			_				
	Distribution			W.F	Rvdell	Samuel, Ad	ministrator #	ζ		
	Fiscal Agent			Medicaid Cost Reimbursement Analysis						
Contract Management										
	Permanent Fi	ile								
	Program Dev	elopment:								
	For	information Only (No Change in rate)	)							



029574424 - 2019/10

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Tallahassee, Florida 32308

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

			Medicaid Neilliburseilleilt Fer I	Dieili Nates IUI	1110	11-11131	itutionai	FIOVIU <del>CIS</del>		
Florida Community Health Center					Provider Number: 029574424					
Ft. Pierce OB 4450 South Tiffany Drive					Date: 10/04/2019 Fiscal Year End: N/A					
We	West Palm Beach, FL 334073241 Audit Status : N/A									
Pro	vider <sup>-</sup>	Туре:				Curre	nt Rate	New Rate	Effective Date	
		Rural	Health Clinic					,		
		Swing	-Bed Provider							
	X	Federa	ally Qualified Health Centers				127.20	129.11	10/01/2019	
		Hospi	ce Provider							
	#651 / H51 Routine Home Care (1-60)							,		
		#6	51a / H5L Routine Home Care (6	1 +)						
		#6	52 / H52 Continuous Home Care							
		#0	551 / 0561 Continuous Home Ca	re - SIA						
		#6	55 / H55 Inpatient Respite Care							
		#6	56 / H56 General Inpatient Care							
		#6	59 Room and Board							
[	Ва	asis :		Rate	Тур	e :				
٠			Budget		X		Prospect	ive		
-			Unaudited costs				Total Pro	spective		
-			Desk audited costs			Prospective Adjusted for New costs				
-			Field audited costs							
-			Medicare - Prospective			Interim				
		Χ	Payment System Rate			Total Interim				
-			Average Nursing Home Rate				Settleme	nt based on cost	s	
-			St Lucie							
	Dist	ribution	<u>:</u>	I	V.Rv	dell Sa	amuel, Ad	ministrator #	·	
Fiscal Agent			_	Medicaid Cost Reimbursement Analysis						
Contract Management								,		
	Perm	nanent Fi	le							
	Prog	ram Deve	elopment:							



029574426 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

			Medicaid Reimbursement Per L	nem Rat	es for in	on-inst	<u>itutionai i</u>	<u>Providers</u>			
Florida Community Health Ctr					Provider Number : 029574426						
Darwin Square Center 4450 South Riffany Dr				Da	Date: 10/04/2019						
					Fiscal Year End : N/A						
West Palm Beach, FI 33407  Audit Status: N/A											
Pro	Provider Type:					Curre	nt Rate	New Rate	Effective Date		
	Rural Health Clinic										
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				127.20	129.11	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	60)							
		#65	51a / H5L Routine Home Care (6	1 +)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Ca	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
ſ	Ва	nsis :			Rate Ty	pe:					
·			Budget		Х		Prospecti	ive			
•			Unaudited costs				Total Pro	spective			
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs								
-			Medicare - Prospective				Interim				
_		Χ	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate St Lucie	-			Settleme	nt based on cost	s		
	<u>Distribution:</u>			W.Rydell Samuel, Administrator							
Fiscal Agent				Medicaid Cost Reimbursement Analysis							
Contract Management											
	Perm	anent Fil	e								
	Progr	ram Deve	elopment:								



037527610 - 2019/10

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

Tallahassee, Florida 32308

	•	modicard Rollingaroomone For Dio	mi itatoo ioi	110		<u>itationai</u>	10114010			
Premier Community Healthcare Group, Inc				Provider Number : 037527610						
				Date: 10/04/2019						
РО	Box 232			Fiscal Year End : N/A						
Dad	le City, FL 3352	26		Aud	dit Sta	tus : N/A				
Pro	vider Type:				Curre	nt Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				151.40	153.67	10/01/2019		
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +	+)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
Г	Basis :	7	Rate	Тур	e :	]				
L		_l Budget		X		ı Prospect	ive			
		Unaudited costs				Total Pro	spective			
_		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs				<u>-</u>				
		— Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Pasco				•				
	Distribution	<u> </u>		V.Rv	/dell S	amuel. Ad	ministrator #	ζ		
	Fiscal Agent		_				ursement Analy	sis		
	Contract Mana	agement								
	Permanent Fil									
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	)							



060551401 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicaid Neillibursement Fer Di	em Nates	101	110	11-11151	itutionai i	FIOVILLEIS			
Во	ond Community Health Center					Provider Number : 060551401						
						Da	Date: 10/04/2019					
17	20 S. Ga	adsden S	t.			Fis	scal Year End : N/A					
Та	llahasse	e, FL 32	2314			Aud	dit Sta	tus : N/A				
Pr	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					119.43	121.22	10/01/2019		
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60	)								
		#65	1a / H5L Routine Home Care (61	+)								
	#652 / H52 Continuous Home Care											
	#0551 / 0561 Continuous Home Care - SIA											
	#655 / H55 Inpatient Respite Care											
	#656 / H56 General Inpatient Care											
		#65	9 Room and Board									
	Ва	sis :	7	Ra	te	Тур	e :					
			Budget		,	Χ		Prospecti	ive			
			Unaudited costs					Total Pro	spective			
			Desk audited costs					Prospect	ive Adjusted for	New costs		
			Field audited costs					_				
			Medicare - Prospective					Interim				
		X	Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cost	s		
			Leon									
	Distr	ibution:	<u> </u>	1	V	V.Rv	dell S	amuel, Ad	ministrator #	?		
	Fiscal	Agent			_				ursement Analys	sis		
	Contra	act Mana	agement						,			
	Perma	anent File	е									
	Progra	am Deve	lopment:									



060551402 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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		Medicald Reinibursement Fer Dieni	Nates IOI	INOI	<u>i-iiiStitutioiiai</u>	FIOVICEIS			
Bor	Bond Comm Health Assoc-West Orange			Provider Number : 060551402					
				Dat	Date: 10/04/2019				
172	20 S Gadsden S	t		Fisc	scal Year End : N/A				
Tal	lahassee, Fl 32	310		Auc	lit Status : N/A				
Pro	vider Type:				Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers			119.43	121.22	10/01/2019		
	Hospid	ce Provider							
	#65	51 / H51 Routine Home Care (1-60)							
	#65	51a / H5L Routine Home Care (61 +)							
	#65	52 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care - S	SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	56 / H56 General Inpatient Care							
	#65	59 Room and Board							
Γ	Basis :		Rate	Тур	e :				
[		□ Budget		X	Prospec	tive			
-		Unaudited costs			Total Pro	spective			
-		Desk audited costs	•		Prospec	tive Adjusted for	New costs		
-		Field audited costs							
-		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
-		Average Nursing Home Rate			Settleme	ent based on cost	s		
_		Leon							
	Distribution		V	V.Ry	dell Samuel, Ad	Iministrator #	?		
	Fiscal Agent		_			oursement Analys	sis		
	Contract Mana	agement				·			
	Permanent Fil	е							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)							



060551408 - 2019/10

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

		=	Medicald Kellibul Sellielit Fel Die	em Nates II	<u> </u>	14011-	- III SUITUUI I	<u> </u>	TOVIGETS		
Во	ond Specialty and Wellness Center				F	Provider Number : 060551408					
					[	Date	ate: 10/04/2019				
17	20 S. Ga	adsden S	treet		F	Fisca	scal Year End : N/A				
Та	llahasse	e, FL 32	3015506		A	Audit	dit Status : N/A				
Pr	ovider T	уре:				С	urrent Rate	•	New Rate	Effective Date	
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				119.	43	121.22	10/01/2019	
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)							
		#65	1a / H5L Routine Home Care (61	+)							
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#655 / H55 Inpatient Respite Care										
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rat	e T	уре	:				
			Budget		Х	(	Prospe	cti	ve		
			Unaudited costs				Total P	ros	spective		
			Desk audited costs				Prospe	cti	ve Adjusted for I	New costs	
			Field audited costs								
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Ir	nte	rim		
			Average Nursing Home Rate				Settlen	ner	nt based on cost	s	
			Leon								
	Distr	ibution:		l	W.	.Rvde	ell Samuel, <i>i</i>	Adı	ministrator #	<u> </u>	
	Fiscal	Agent							ursement Analys	sis	
	Contra	act Mana	gement						,		
	Perma	anent File	9								
	Progra	am Deve	lopment:								



060551410 - 2019/10

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Tallahassee, Florida 32308

		modical a Normal Comon Tor Dio	m raioo r	<del>,</del>		<u> </u>	TO TIGOTO				
Во	nd Community I	Health Associates		Provider Number : 060551410							
				С	Date: 10/04/2019						
220	00 Sounth Monr	oe		F	Fiscal Year End : N/A						
Tal	lahassee, FL 3	2301		Α	Audit	udit Status : N/A					
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				119.43	121.22	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#652 / H52 Continuous Home Care										
	#0	551 / 0561 Continuous Home Care									
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rat	e T	ype :	: ]					
<b>ַ</b>		Budget		X		 Prospect	ive				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
_		Average Nursing Home Rate				Settleme	nt based on cost	ts			
-		Leon									
	Distribution			W.I	Rvde	II Samuel, Ad	ministrator #	~			
						ursement Analy	sis				
	Contract Man	agement					,				
	Permanent Fi	le									
	Program Dev	elopment:									
	For	information Only (No Change in rate)	)								



060638308 - 2019/10

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Tallahassee, Florida 32308

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

			<u>wedicaid Reimbursement Per L</u>	<u>Jiem Rates for</u>	Non-	<u>institutional</u>	<u>Providers</u>				
Со	community Health Centers					Provider Number: 060638308					
Jol	nnnie R	uth Clark	e Health Center		Date	ate: 10/04/2019					
РС	Box 10	0549			Fisca	iscal Year End : N/A					
St	Petersb	ourg, FL	337330549		Audit	Status : N/A					
Pro	ovider <sup>-</sup>	Туре:			С	urrent Rate	New Rate	Effective Date			
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			115.40	117.13	10/01/2019			
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	60)							
	#651a / H5L Routine Home Care (61 +)										
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	asis :	]	Rate	Туре	:					
٠			Budget		X	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs	-		Prospect	ive Adjusted for	New costs			
•			Field audited costs								
			Medicare - Prospective	-		Interim					
		Χ	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	is			
•			Pinellas								
	Dist	ribution			V.Ryde	ell Samuel, Ad	ministrator	~			
	Fisca	al Agent		_			oursement Analys				
	Cont	ract Mana	agement				,				
	Perm	nanent Fil	le								
Program Development:											



073194309 - 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

		Medicaid Keilibursellient Fer L	rieiii ivales ioi	1110	<u> </u>	litutionari	I I O V I U C I S		
Се	entral Florida Health Care Inc.				rovider Number : 073194309				
Се	ntral Florida He	alth Care Inc.		Da	te: 10/04/2019				
112	29 N. Missouri	Ave		Fis	scal Ye	ear End : N	I/A		
Lał	keland, FL 338	05-4411		Au	dit Sta	itus : N/A			
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	X Feder	ally Qualified Health Centers				154.97	157.29	10/01/2019	
	Hosp	ice Provider							
	#6	51 / H51 Routine Home Care (1-6	0)						
	#6	551a / H5L Routine Home Care (67	1 +)						
	#652 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care - SIA								
	#655 / H55 Inpatient Respite Care								
	#6	556 / H56 General Inpatient Care							
	#6	559 Room and Board							
[	Basis :		Rate	Тур	oe :	]			
•		 Budget		Χ		Prospect	ive		
-		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs				_			
_		Medicare - Prospective				Interim			
_	Х	Payment System Rate				Total Inte	erim		
<b>-</b>		Average Nursing Home Rate Polk				Settleme -	nt based on cost	S	
	Distribution	<u>1:</u>	V	V.Ry	ydell S	amuel, Ad	ministrator	,	
	Fiscal Agent		<u></u>	/ledi	caid C	ost Reimb	ursement Analys	sis	
	Contract Mar								
	Permanent F								
	Program Dev	relopment:							



100303100 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Nombaloomonti of Bio	m rates r	<u> </u>	1011	<u> </u>	10110010				
Се	Central Florida Healthcare- Lakeland			Provider Number : 100303100							
					Date: 10/04/2019						
700	) Galvin Dr			F	Fiscal Year End : N/A						
Lak	celand, FL 3380	)1		P	Audit	udit Status : N/A					
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA										
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rat	e T	уре	:					
<u></u>		Budget		Х	,	Prospecti	ive				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
_		Average Nursing Home Rate				Settleme	nt based on cost	s			
-		Polk									
	Distribution			W.	Ryde	ell Samuel, Ad	ministrator #	~			
<del></del>					ursement Analys	sis					
	Contract Mana	agement					·				
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



100382300 - 2019/10

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

Tallahassee, Florida 32308

		modicala Kombarcomone For Bio	m ratoo r	<u> </u>	<u> </u>	<u> </u>	1 10 110010				
Се	ntral Florida He	alth Care Inc. County Road 17		Provider Number: 100382300							
				D	Date: 10/04/2019						
950	County Road	17A W		Fi	Fiscal Year End : N/A						
Αv	on Park, FL 338	825		Α	udit St	atus : N/A					
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	<sub>J</sub> -Bed Provider									
	X Feder	ally Qualified Health Centers				154.97	157.29	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	+)								
	#652 / H52 Continuous Home Care										
	#0	551 / 0561 Continuous Home Care									
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
ſ	Basis :	7	Rat	е Ту	pe :	7					
١.		Budget		Х		⊐ Prospect	ive				
-		Unaudited costs				_ Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs				_					
-		Medicare - Prospective				 Interim					
	Χ	Payment System Rate				Total Inte	erim				
•		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Polk				_					
	Distribution			W.R	Rydell	Samuel, Ad	Iministrator #	?			
	<del></del>			dicaid (	Cost Reimb	oursement Analys	sis				
	Contract Man	agement					·				
	Permanent Fi	ile									
	Program Dev	elopment:									
	For	information Only (No Change in rate)	)								



**Contract Management** 

Program Development:

\_ For information Only (No Change in rate)

Permanent File

# Florida Agency for Health Care Administration

100654400 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Escambia	Escambia Community Clinics, Inc Highway 90 Pediatrics			Pro	rovider Number : 100654400				
Highway 9	90 Pediat	rics		Date	ate: 10/04/2019				
4435 High	way 90			Fisc	scal Year End : N/A				
Pace, FL	32571			Aud	dit Status : N/A				
Provider <sup>*</sup>	Туре:				Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
Х	Federa	ally Qualified Health Centers			134.26	136.27	10/01/2019		
	Hospid	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)	)						
	#651a / H5L Routine Home Care (61 +)								
	#652 / H52 Continuous Home Care								
#0551 / 0561 Continuous Home Care - SIA									
#655 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care							
	#65	59 Room and Board							
Ва	asis :		Rate	э Тур	e:				
		Budget		Χ	Prospect	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	S		
		Santa Rosa							
Dist	ribution	<u>:</u>	<u> </u>	W.Rvo	dell Samuel, Ac	Iministrator #	,		
Fisca	al Agent		_			oursement Analys	sis		



100654800 - 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

		Medicaid Neillibursement Fer	Dieiii ivales io	1110	<u> </u>	itutionari	I OVIU <del>CI S</del>		
Es	scambia Community Clinics				Provider Number : 100654800				
Се	ntury Adult P	rimary Care		Da	te: 10/04/2019				
60	21 Industrial	Blvd		Fis	scal Year End : N/A				
Се	ntury, FL 32	535		Au	dit Sta	itus : N/A			
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rui	ral Health Clinic							
	Sw	ing-Bed Provider							
	X Fed	lerally Qualified Health Centers				134.26	136.27	10/01/2019	
	Hos	spice Provider							
		#651 / H51 Routine Home Care (1-	60)				,		
	#651a / H5L Routine Home Care (61 +)								
		#652 / H52 Continuous Home Care	)						
	#0551 / 0561 Continuous Home Care - SIA								
		#655 / H55 Inpatient Respite Care							
		#656 / H56 General Inpatient Care							
		#659 Room and Board							
	Basis :		Rate	Тур	oe:				
•		Budget		Χ		Prospect	ive		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs				_			
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	S	
		Escambia							
	Distributi	i <u>on:</u>	I	۷.R۱	ydell S	amuel, Ad	ministrator #	·	
	Fiscal Age	nt	_				ursement Analys	sis	
	Contract M	lanagement					,		
	Permanen	t File							
	Program Development:								



262263706 - 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

			Medicald Neillibursement Fer i	Dieili Nates IUI	I INOI	<u>iriiistitutioiiai</u>	FIOVILIEIS				
Ne	Neighborhood Medical Center				Provider Number : 262263706						
На	vana M	iddle Scl	nool		Dat	te: 10/04/2019					
438	3 West	Brevard	street		Fisc	cal Year End : I	N/A				
Tal	lahasse	ee, FL 3	2301		Auc	lit Status : N/A					
Pro	ovider 1	Гуре:				Current Rate	New Rate	Effective Date			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			115.5	7 117.30	10/01/2019			
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	60)							
	#651a / H5L Routine Home Care (61 +)										
	#652 / H52 Continuous Home Care										
		#0	551 / 0561 Continuous Home Ca								
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
[	Ва	ısis :	7	Rate	Тур	e:					
			 Budget		Χ	 Prospec	tive				
•			Unaudited costs			Total Pro	ospective				
•			Desk audited costs			Prospec	tive Adjusted for	New costs			
•			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Int	erim				
-			Average Nursing Home Rate			Settleme	ent based on cost	S			
•			Gadsden								
	Distr	ibution	<u>.</u>	I	V.Rv	dell Samuel, A	dministrator #	,			
	Fisca	l Agent		_			oursement Analys	sis			
	Contr	act Man	agement								
	Perm	anent Fi	le								
	Program Development:										



262263708 - 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 I	Diem Rat	tes for N	<u>on-Ins</u>	<u>titutional l</u>	<u>Providers</u>			
Ne	ighborh	ood Med	ical Center		Pr	ovider	Number :	262263708			
На	vana H	eights Ph	l Clinic		Date: 10/04/2019						
438	3 West	Brevard \$	Street		Fi	scal Ye	ear End : N	I/A			
Tal	lahasse	e, FL 32	2301		Αι	Provider Number : 262263708  Date : 10/04/2019  Fiscal Year End : N/A  Audit Status : N/A  Current Rate New Rate Effective D  115.57 117.30 10/01/2					
Pro	ovider 7	Гуре:				Curr	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic					,			
		Swing	-Bed Provider								
	X	Federa	Illy Qualified Health Centers				115.57	117.30	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	60)							
	#651a / H5L Routine Home Care (61										
		#65	52 / H52 Continuous Home Care	!							
		#05	551 / 0561 Continuous Home Ca	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
[	Ва	ısis :	7		Rate Ty	pe:	]				
•			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs	_			Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate Gadsden	-			Settleme -	nt based on cost	S		
	Distr	ibution	<u>:</u>		W.R	ydell S	Samuel, Ad	ministrator	,		
	Fiscal Agent			Med	licaid C	Cost Reimb	ursement Analys	sis			
Contract Management											
	Permanent File										
	Progr	am Deve	elopment:								



262263709 - 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 D	iem Rates for	r Non-	<u>Institutional</u>	<u>Providers</u>			
Ne	ighborh	ood Med	ical Center		Provider Number : 262263709					
Lin	coln Ce	enter			Date	: 10/04/2019				
43	8 West	Brevard (	Street		Fisca	I Year End : N	I/A			
Та	llahasse	ee, FL 32	2301		Audit	Status : N/A				
Pre	ovider <sup>-</sup>	Туре:			C	urrent Rate	New Rate	Effective Date		
		Rural I	Health Clinic							
		rhood Medical Center  Center  St Brevard Street  See, FL 32301  r Type:  Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1  #651a / H5L Routine Home Care (1  #652 / H52 Continuous Home Care (1)  #655 / H55 Inpatient Respite Care (1)  #656 / H56 General Inpatient Care (1)  #659 Room and Board  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Leon  Stribution:  Cal Agent								
	coln Center  8 West Breval  Ilahassee, FL  Dvider Type:  Rura  Swil  X Fed  Hos  Basis:  X  Distribution  Fiscal Ager	Federa	Illy Qualified Health Centers			115.57	117.30	10/01/2019		
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1-60	0)						
		#65	51a / H5L Routine Home Care (61	+)						
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Car	e - SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	56 / H56 General Inpatient Care							
		#65	59 Room and Board							
	Ва	asis :	]	Rate	Туре	:				
١			⊐ Budget		X	 Prospect	ive			
•			Unaudited costs			Total Pro	spective			
•			Desk audited costs			Prospect	ive Adjusted for	New costs		
•			Field audited costs							
•			Medicare - Prospective			Interim				
		Χ	Payment System Rate			Total Inte	erim			
•			Average Nursing Home Rate			 Settleme	nt based on cost	ts		
•			Leon							
	Dist	ribution	<u>.</u>	_I	V.Rvde	ell Samuel, Ad	ministrator	~		
	Fisca	l Agent		_			oursement Analys			
Contract Management					<b>y</b> .					
	Perm	anent Fil	е							
	Progi	ram Deve	elopment:							
	_									



262263710 - 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

			Medicald Neillibursement Fer i	Dieili Nates Iui	1 1101	<u>r-iiiStitutiOiiai</u>	FIOVILIEIS				
Ne	eighborhood Medical Center mith Williams Center				Pro	vider Number :	262263710				
Sm	ith Willi	ams Cer	nter		Date: 10/04/2019						
438	3 West	Brevard	Street		Fisc	al Year End : N	N/A				
Tal	lahasse	ee, FL 3	2301		Aud	Provider Number : 262263710  Pate : 10/04/2019  Fiscal Year End : N/A  Audit Status : N/A    Current Rate					
Pro	ovider 1	Гуре:				Current Rate	New Rate	Effective Date			
		Rural	Health Clinic								
	ghborhood Medical th Williams Center West Brevard Stree ahassee, FL 32301 vider Type: Rural Heal Swing-Bec X Federally ( Hospice P #651 / I #652 / I #655 / I #656 / I #659 R  Basis: Bu Ur De	-Bed Provider									
	X	Federa	ally Qualified Health Centers			115.57	117.30	10/01/2019			
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	60)							
		#6	51a / H5L Routine Home Care (6	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Ca	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
ſ	Ва	ısis :	7	Rate	Тур	e :					
٠			Budget		Χ	Prospect	tive				
-			Unaudited costs			Total Prospective					
-			Desk audited costs			Prospect	tive Adjusted for	New costs			
-			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
•			Average Nursing Home Rate			Settleme	ent based on cost	s			
•			Leon								
	Distr	ibution	<u>.</u>	I	V.Rvo	dell Samuel, Ad	dministrator #	,			
	Fisca	l Agent		_			oursement Analys	sis			
Contract Management						,					
Permanent File											
	Progr	am Deve	elopment:								
	Program Development:										



262263711 - 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

		•	Medicaid Reimbursement Per L	<u> Jiem Rates for</u>	NOI	<u>n-institutionai</u>	<u>Providers</u>	
Ne	ighborho	ood Med	ical Center		Pro	vider Number :	262263711	
C١	/ Butler	Bldg			Dat	e: 10/04/2019		
43	8 West E	Brevard S	Street		Fisc	cal Year End : N	I/A	
Та	llahasse	e, FL 32	2301		Auc	lit Status : N/A		
Pro	ovider T	уре:				Current Rate	New Rate	Effective Date
		Rural H	lealth Clinic					
		Swing-	Bed Provider					
	X	Federa	Ily Qualified Health Centers			115.57	117.30	10/01/2019
		Hospic	e Provider					
		#65	51 / H51 Routine Home Care (1-6	60)				
	#651a / H5L Routine Home Care (61			1 +)				
		2 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Ca	re - SIA				
		#65	55 / H55 Inpatient Respite Care					
	#656 / H56 General Inpatient Care							
		#65	9 Room and Board					
	Ba	sis :	7	Rate	Тур	e :		
'			Budget		Х	Prospect	ive	
•			Unaudited costs			Total Pro	spective	
•			Desk audited costs			Prospect	ive Adjusted for	New costs
•			Field audited costs					
			Medicare - Prospective			Interim		
	•	X	Payment System Rate			Total Inte	erim	
			Average Nursing Home Rate			Settleme	nt based on cost	ts
•			Gadsden					
	Distr	ibution	<u> </u>		V.Rv	dell Samuel, Ac	Iministrator	~
	Fiscal	Agent		_			oursement Analys	
Contract Management								
	Perma	anent Fil	е					
	Progra	am Deve	elopment:					



262263732 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicald Kellibursellient Fer Dien	ii Nates IU	1 140	<u> </u>	litutionari	I OVIU <del>CI S</del>	
Ne	eighborhood Health Services			Pro	ovider	Number :	262263732	
				Da	te : 10	/04/2019		
30 <i>°</i>	13 Jim Lee Road	1		Fis	cal Ye	ear End : N	I/A	
Tal	lahassee, FL 32	2301		Au	Provider Number : 262263732  Date : 10/04/2019  Fiscal Year End : N/A  Audit Status : N/A  Current Rate New Rate Effective  115.57 117.30 10/01			
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic					,	
	Swing-	-Bed Provider						
	X Federa	ally Qualified Health Centers				115.57	117.30	10/01/2019
	Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	51a / H5L Routine Home Care (61 +)						
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care -	SIA					
	#65	55 / H55 Inpatient Respite Care						
	#65	56 / H56 General Inpatient Care						
	#65	59 Room and Board						
ſ	Basis :	7	Rate	Tvr	De :	1		
L		_l Budget		X		J Prospect	ive	
-		Unaudited costs						
-		Desk audited costs	-			- Prospect	ive Adjusted for	New costs
-		Field audited costs				-		
-		Medicare - Prospective				- Interim		
	Χ	Payment System Rate				- Total Inte	erim	
-		Average Nursing Home Rate				Settleme	nt based on cost	s
-		 Gadsden				-		
	Distribution	<u> </u>	V	V.Rv	/dell S	amuel. Ad	ministrator #	
	Fiscal Agent		_					sis
	Contract Mana	agement					<b>,</b>	
	Permanent Fil	е						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



680002500 - 2019/10

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

Tallahassee, Florida 32308

					<u> </u>	, in the state of		
Car	millus Health Co	oncern, Inc.		Р	rovide	r Number :	680002500	
				D	ate : 1	0/04/2019		
336	N.W. Fifth Stre	et		Fi	iscal Y	ear End : N	I/A	
Mia	mi, FL 331281	616		Α	154.97 157.29 10/01/2			
Pro	vider Type:				Curi	ent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019
	Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )					
	#652 / H52 Continuous Home Care							
	#0	- SIA						
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
Γ	Basis :		Rate	e Ty	/pe :	7		
		 Budget		Χ		⊐ Prospect	ive	
_		Unaudited costs				_ Total Pro	spective	
_		Desk audited costs				– Prospect	ive Adjusted for	New costs
-		Field audited costs				_		
-		Medicare - Prospective				_ Interim		
	Χ	Payment System Rate				Total Inte	erim	
_		Average Nursing Home Rate				Settleme	nt based on cost	s
		 Dade				_		
	Distribution	<u>:</u>		W.R	Rydell	Samuel, Ad	ministrator #	~
	Fiscal Agent		-				oursement Analys	sis
	Contract Mana	agement					,	
	Permanent Fil	le						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)	)					



680002515 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

				· · ·				
Ca	millus Health Co	oncern - 7th Ave		F	Provid	der Number :	680002515	
				С	Date :	: 10/04/2019		
336	NW 5th Street			F	iscal	Year End : N	I/A	
Mia	ami, FL 331281	616		Δ	154.97 157.29 10/01/2			
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	+)					
	#652 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rat	e T	ype :			
<b>ַ</b>		Budget		Χ		 Prospect	ive	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs	-			Prospect	ive Adjusted for	New costs
-		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Dade						
	Distribution			W.F	Ryde	ell Samuel, Ad	ministrator #	?
	Fiscal Agent						oursement Analys	sis
	Contract Mana	agement					·	
	Permanent Fil	le						
	Program Deve	elopment:						
	For i	information Only (No Change in rate)	)					



680002517 - 2019/10

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

Tallahassee, Florida 32308

Ca	millus Health Co	ncern -38th Street		Prov	vider Number :	680002517	
				Date	: 10/04/2019		
19	07 NW 38th Stre	et		Fisc	al Year End : N	I/A	
Mia	ami, FL 33142			Audi	t Status : N/A		
Pr	ovider Type:			(	Current Rate	New Rate	Effective Date
	Rural I	Health Clinic					
	Swing	-Bed Provider					
	X Federa	Illy Qualified Health Centers			154.97	157.29	10/01/2019
	Hospid	ce Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +	-)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	56 / H56 General Inpatient Care					
	#65	59 Room and Board					
	Basis :		Rate	Туре	):		
,		Budget		Χ	Prospect	ive	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cos	ts
•		Dade					
	Distribution	<u>.</u>	V	V.Ryd	lell Samuel, Ad	ministrator #	ζ
	Fiscal Agent					ursement Analy	sis
	Contract Mana	agement				·	
	Permanent Fil	e					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



680005000 - 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 Die	m Rates for	<u>r Non</u>	<u>-institutionai</u>	<u>Providers</u>				
Tre	easure C	oast Co	mmunity Health		Prov	Provider Number : 680005000					
Fe	llsmere				Date	Date: 10/04/2019					
12	196 CR	512			Fisc	al Year End : N	I/A				
Fe	llsmere,	FL 3294	18		Audi	ovider Number : 680005000  Ite : 10/04/2019  Scal Year End : N/A  dit Status : N/A  Current Rate New Rate Effective D  153.41 155.71 10/01/2					
Pro	ovider T	уре:			(	Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic				'				
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			153.41	155.71	10/01/2019			
		Hospic	e Provider								
		#65	11 / H51 Routine Home Care (1-60)								
		#65	i1a / H5L Routine Home Care (61 +	.)							
		2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
[	Bas	sis :	1	Rate	Туре	<b>:</b>					
ι			□ Budget		Χ	—— Prospect	ive				
•			Unaudited costs	-		Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
•			Field audited costs								
•			Medicare - Prospective	-		Interim					
	,	X	Payment System Rate			Total Inte	erim				
•			Average Nursing Home Rate			Settleme	nt based on cos	ts			
•			Indian River								
	Distri	bution	<u> </u>		V.Rvd	lell Samuel, Ac	Iministrator #				
	Fiscal	Agent		_			oursement Analy	sis			
	Contra	act Mana	agement				,				
	Perma	anent File	е								
	Progra	am Deve	lopment:								
		For in	nformation Only (No Change in rate)								



680005001 - 2019/10

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

Tallahassee, Florida 32308

Tre	easure Coast Co	mmunity Health - Vero		Prov	vider Number :	680005001	
				Date	e: 10/04/2019		
12	196 CR 512			Fisc	al Year End : N	I/A	
Fel	llsmere, FL 329	48		Aud	it Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	<b>Effective Date</b>
	Rural I	Health Clinic					
	Swing	-Bed Provider					
	X Federa	ally Qualified Health Centers			153.41	155.71	10/01/2019
	Hospid	ce Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	-)					
	#65						
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	56 / H56 General Inpatient Care					
	#65	59 Room and Board					
ſ	Basis :		Rate	Туре	e :		
L		□ Budget		X	——— Prospect	ive	
•		Unaudited costs			Total Pro	spective	
-		Desk audited costs			Prospect	ive Adjusted for	New costs
-		Field audited costs					
-		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
•		Average Nursing Home Rate			Settleme	nt based on cos	sts
-		 Indian River					
	Distribution	<u>.</u>	W	V.Ryo	dell Samuel, Ac	Iministrator Th	 R
	Fiscal Agent					oursement Analy	/sis
	Contract Management				· ·-··,		
	Permanent Fil	е					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



680005002 - 2019/10

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

Tallahassee, Florida 32308

		Medicald Neimbursement Fer Dier	ii ivaies ioi	140	11-11131	itutionar	I IOVIGEIS		
Trea	asure Coast Co	mmunity Health - Vero2		Provider Number : 680005002					
				Dat	Date: 10/04/2019				
121	96 County Rd.	512		Fisc	cal Ye	ar End : N	I/A		
Fells	smere, FL 329	48		Auc	rovider Number : 680005002 ate : 10/04/2019 iscal Year End : N/A udit Status : N/A  Current Rate New Rate Effective D  153.41 155.71 10/01/2				
Pro	vider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	Illy Qualified Health Centers				153.41	155.71	10/01/2019	
	Hospic	ce Provider							
	#65	51 / H51 Routine Home Care (1-60)							
	#65	51a / H5L Routine Home Care (61 +)							
	#65	52 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care -	SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	56 / H56 General Inpatient Care							
	#65	59 Room and Board							
	Basis :	7	Rate	Тур	e :	]			
		□ Budget		X		ו Prospect	ive		
		Unaudited costs				Total Pro	spective		
_		Desk audited costs				- Prospect	ive Adjusted for	New costs	
		Field audited costs				-			
_		Medicare - Prospective	•			Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cos	ts	
		Indian River				-			
	Distribution	<u> </u>		V.Rv	dell S	amuel. Ad	ministrator #	ζ	
	Fiscal Agent		_				ursement Analy	sis	
	Contract Mana	agement					<b>y</b>		
	Permanent Fil	е							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)							



680005011 - 2019/10

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

Tallahassee, Florida 32308

		Modicard Rombardomont 1 or 513	mi itatoo i	J	011 1110	, intutional	<u> </u>		
Tre	asure Coast Co	omm Mental Health-Fellsmere		Р	rovide	r Number :	680005011		
				D	ate : 1	0/04/2019			
12′	196 CR 512			Fi	scal Y	ear End : N	I/A		
Fel	Ismere, FI 3294	48		A					
Pro	ovider Type:				Curi	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				153.41	155.71	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )						
	#652 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
ſ	Basis :	7	Rat	е Ту	pe :	7			
L		 Budget		Χ		⊐ Prospect	ive		
-		Unaudited costs				– Total Pro	spective		
-		Desk audited costs				– Prospect	ive Adjusted for	New costs	
-		Field audited costs				_			
-		Medicare - Prospective				_ Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate	-			Settleme	nt based on cos	ts	
-		Indian River				_			
	Distribution			W.R	Rydell	Samuel, Ad	ministrator #	ζ	
	Fiscal Agent						oursement Analy	sis	
	Contract Man	agement					·		
	Permanent Fi	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate)	)						



680005013 - 2019/10

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

Tallahassee, Florida 32308

Tre	asure Coast Co	omm Hlth-21st Ave		Pro	Provider Number : 680005013						
				Dat	e: 10/04/2	2019					
195	55 21st Ave			Fisc	Fiscal Year End : N/A						
Ve	ro Beach, Fl 32	960		Audit Status : N/A							
Pro	ovider Type:				Current R	ate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Feder	ally Qualified Health Centers			15	53.41	155.71	1 10/01/2019			
	Hospi	ce Provider									
	#651 / H51 Routine Home Care (1-60)										
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6										
	#6	59 Room and Board									
	Basis :	7	Rate	Тур	e :						
L		l Budget		X		specti	ve				
-		Unaudited costs			Total Prospective						
-		Desk audited costs			Prospective Adjusted for New costs						
-		Field audited costs									
-		Medicare - Prospective			Inte	rim					
	Χ	Payment System Rate			 Tota	al Inte	rim				
-		Average Nursing Home Rate			Sett	tleme	nt based on cos	sts			
-		Indian River									
	Distribution	<u>ı:</u>	<u> </u>	V.Rv	dell Samue	el, Ad	ministrator <i>u</i>	 R			
Fiscal Agent			_				ursement Analy	/sis			
	Contract Man	agement					,				
	Permanent File										
	Program Development:										
	For	)									



680005015 - 2019/10

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

Tallahassee, Florida 32308

Tre	easure Coast Co	mm Hlth-Sebastian		Pro	ovider Number :	680005015				
		Thin Film Gosachan		Date : 10/04/2019						
13	507 US Hwy 1				Fiscal Year End : N/A					
	bastian, Fl 3295	88			dit Status : N/A	· · · · · · · · · · · · · · · · · · ·				
						I				
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
		Health Clinic								
		-Bed Provider								
		ally Qualified Health Centers			153.4	155.71	10/01/2019			
	<u> </u>	ce Provider								
		51 / H51 Routine Home Care (1-60)								
		51a / H5L Routine Home Care (61 +)								
		52 / H52 Continuous Home Care								
		551 / 0561 Continuous Home Care - S	SIA							
		55 / H55 Inpatient Respite Care								
		56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :		Rate	Тур	oe:					
'		Budget		Χ	Prospec	tive				
		Unaudited costs			Total Pro	ospective				
		Desk audited costs			Prospec	tive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Int	erim				
		Average Nursing Home Rate			Settleme	ent based on cos	ts			
		Indian River								
	Distribution	<u>.                                    </u>	I W.I			W.Rydell Samuel, Administrator				
	Fiscal Agent			1edi	caid Cost Reim	oursement Analy	sis			
	Contract Mana	agement				·				
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



680005018 - 2019/10

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

Tallahassee, Florida 32308

Tre	reasure Coast Vero Beach			rovider Number : 680005018					
			D	ate : 10	)/04/2019				
			Fi	scal Year End : N/A					
,			Α	Audit Status : N/A					
Pro	ovider Type:			Curr	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers			153.41	155.71	10/01/2019		
	Hospid								
	#65	51 / H51 Routine Home Care (1-60)							
	#65	51a / H5L Routine Home Care (61 -	+)						
	#65	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	56 / H56 General Inpatient Care							
	#65	59 Room and Board							
[	Basis :		Rate Ty	pe:	]				
٠		Budget	X		Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			- Prospect	ive Adjusted for	New costs		
•		Field audited costs			_				
-		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	s		
		Indian River							
	Distribution	W.R	ydell S	amuel, Ad	ministrator	<u> </u>			
	Fiscal Agent				ursement Analys				
	Contract Mana	agement				,			
	Permanent Fil	le							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)	)						



680005020 - 2019/10

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

Tallahassee, Florida 32308

		Wedicaid Neillibursement Fer Dien	i ivales ioi	1 140	11-11131111	ilionan	I IOVIGEIS	
Tre	asure Coast Co	ommunity Health		Provider Number : 680005020				
				Dat	e: 10/04	4/2019		
465	5 28tth Ct			Fisc	cal Year	End : N	I/A	
Vei	o Beach, FL 32	2967		Auc	dit Status	s : N/A		
Pro	ovider Type:				Current	Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				153.41	155.71	10/01/2019
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +)						
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care -	SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
٦	Basis :	7	Rate	Tvp	e :			
L		l Budget		X		rospect	ive	
-		Unaudited costs				-	spective	
_		— Desk audited costs				rospect	ive Adjusted for	New costs
_		— Field audited costs				·	·	
-		— Medicare - Prospective			 In	iterim		
	Χ	Payment System Rate			T	otal Inte	erim	
-		Average Nursing Home Rate			s	ettleme	nt based on cos	ts
_		Indian River			-			
	Distribution			V.Rv	dell Sam	nuel. Ad	ministrator #	
Fiscal Agent			_				ursement Analy	sis
	Contract Man	agement				-	,	
	Permanent Fi	le						
	Program Deve	elopment:						
	For	information Only (No Change in rate)						



680027100 - 2019/10

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

Rural Health Clinic Swing-Bed Provider			Medicaid Reimbursement Per D	<u>iem F</u>	Rates for	r Nor	n-Institutional	<u>Providers</u>				
Fiscal Year End : N/A   Audit Status : N/A	Bro	oward Comm &	Family Health Centers, Inc			Pro	vider Number :	680027100				
Hollywood, FI 33021  Provider Type: Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers #651 / H51 Routine Home Care (1-60) #651a / H51 Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board  Rate Type:  Desk audited costs Field audited costs Medicare - Prospective X Prospective Adjusted for New costs Field audited costs Medicare - Prospective Average Nursing Home Rate Broward  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis						Dat	ate: 10/04/2019					
Provider Type: Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers	25	18 N State Rd.	7			Fisc	cal Year End : N	I/A				
Rural Health Clinic Swing-Bed Provider  X Federally Qualified Health Centers 150.66 152.92 10/01/2019  Hospice Provider  #651 / H51 Routine Home Care (1-60) #651a / H52 Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type:   Sudget   X Prospective     Unaudited costs   Total Prospective     Desk audited costs   Prospective Adjusted for New costs     Field audited costs   Interim     X Payment System Rate   Settlement based on costs     Distribution:   W.Rydell Samuel, Administrator   Medicaid Cost Reimbursement Analysis	Но	llywood, FI 330	021			Aud	lit Status : N/A					
Swing-Bed Provider  X Federally Qualified Health Centers 150.66 152.92 10/01/2019  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board     Rate Type :	Pro	ovider Type:					Current Rate	New Rate	Effective Date			
X Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board    Rate Type :		Rural	Health Clinic						,			
Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type:		Swin	g-Bed Provider									
#651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #659 Room and Board    Rate Type:		X Fede	rally Qualified Health Centers				150.66	152.92	10/01/2019			
#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type:		Hosp	ice Provider									
#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type :		#6	651 / H51 Routine Home Care (1-6	0)								
#0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type :		#6	651a / H5L Routine Home Care (61	+)								
#655 / H55 Inpatient Respite Care #659 Room and Board    Basis :		#6	652 / H52 Continuous Home Care									
#656 / H56 General Inpatient Care #659 Room and Board    Basis :		#(	0551 / 0561 Continuous Home Car	e - SI	A							
#659 Room and Board    Basis :		#6	655 / H55 Inpatient Respite Care									
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Broward  Distribution:  Fiscal Agent  Rate Type:  X Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis		#6	656 / H56 General Inpatient Care									
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Broward  Distribution: Fiscal Agent  X Prospective X Prospective Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		#6	659 Room and Board									
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Broward  Distribution: Fiscal Agent  Total Prospective Prospective Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Basis :			Rate	Тур	e :					
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Broward  Distribution: Fiscal Agent  Prospective Adjusted for New costs  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	,		Budget			X	Prospect	ive				
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Broward  Distribution: Fiscal Agent  Field audited costs  Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	•		Unaudited costs	-			Total Pro	spective				
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Broward  Distribution: Fiscal Agent  Medicare - Prospective Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•		Desk audited costs	-			Prospect	ive Adjusted for	New costs			
X Payment System Rate Average Nursing Home Rate Broward  Distribution: Fiscal Agent  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•		Field audited costs	-								
Average Nursing Home Rate Broward  Distribution: Fiscal Agent  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•		Medicare - Prospective	-			Interim					
Distribution: Fiscal Agent  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Χ	Payment System Rate	-			Total Inte	erim				
Distribution:       W.Rydell Samuel, Administrator         Fiscal Agent       Medicaid Cost Reimbursement Analysis	•		Average Nursing Home Rate	-			Settleme	nt based on cost	ts			
Fiscal Agent Medicaid Cost Reimbursement Analysis	•		 Broward	-								
Fiscal Agent Medicaid Cost Reimbursement Analysis		<u>Distribut</u> io	 <u>n:</u>		W	V.Rv	dell Samuel. Ad	ministrator #	ζ			
incurcate Cost Normalization City and Science Cost (Company Cost)	Fiscal Agent				_				sis			
-								and some street, and the				
Permanent File												
Program Development:		Program Dev	velopment:									



680027102 - 2019/10

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

Tallahassee, Florida 32308

Medicald Neillibursement Fer Diem	Nates for in	JII-IIISHILUHOHAI	FIOVILLEIS				
Broward Community FH - North Powerline Road	Provider Number : 680027102						
	Da	Date: 10/04/2019					
168 North Powerline Road	Fis	scal Year End : N	I/A				
Pompano Beach, FL 33069	Αι	ıdit Status : N/A					
Provider Type:		<b>Current Rate</b>	New Rate	Effective Date			
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers		150.66	152.92	10/01/2019			
Hospice Provider							
#651 / H51 Routine Home Care (1-60)							
#651a / H5L Routine Home Care (61 +)		_					
#652 / H52 Continuous Home Care							
#0551 / 0561 Continuous Home Care - S	IA						
#655 / H55 Inpatient Respite Care							
#656 / H56 General Inpatient Care							
#659 Room and Board							
Basis:	Rate Ty	pe:					
Budget	X	· Prospect	ive				
Unaudited costs		Total Pro	spective				
Desk audited costs		Prospect	ive Adjusted for	New costs			
Field audited costs							
Medicare - Prospective		 Interim					
X Payment System Rate		 Total Inte	erim				
Average Nursing Home Rate		Settleme	nt based on cost	S			
Broward							
 Distribution:	W.R	ydell Samuel, Ad	ministrator #				
Fiscal Agent		icaid Cost Reimb		 sis			
Contract Management	50						
Permanent File							
Program Development:							
For information Only (No Change in rate)							



680027104 - 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

Rural Health Clinic								
Provider Type:		Current Rate	New Rate	Effective Date				
Hollywood, FL 33021	Au	Audit Status : N/A						
5010 Hollywood Blvd., Ste 100B	Fiscal Year End : N/A							
	Date: 10/04/2019							
Broward Community & Family Health - West Park	Provider Number : 680027104							

Provider T	уре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	150.66	152.92	10/01/2019
	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)			
	#651a / H5L Routine Home Care (61 +)			
	#652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#655 / H55 Inpatient Respite Care			
	#656 / H56 General Inpatient Care			
	#659 Room and Board			

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Broward		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate

 $W. Rydell \ Samuel, \ Administrator$ 

Medicaid Cost Reimbursement Analysis



Program Development:

\_ For information Only (No Change in rate)

# Florida Agency for Health Care Administration

680027106 - 2019/10

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

Tallahassee, Florida 32308

Bro	Broward Community & Family Health Centers			F	Provider Number : 680027106						
Се	ntral Bro	oward Co	mmunity Health Center	I	Date : 1	ate: 10/04/2019					
50	10 Holly	wood Blv	d, Ste 100B	F	iscal \	iscal Year End : N/A					
Но	llywood	, FL 3302	216557	,	Audit S	tatus : N/A					
Pr	ovider T	Гуре:			Cur	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic					,			
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			150.66	152.92	10/01/2019			
		Hospic	e Provider								
	#651 / H51 Routine Home Care (1-60)										
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate T	ype :	7					
,			Budget	X		— Prospect	ive				
			Unaudited costs			Total Pro	spective				
,			Desk audited costs			— Prospect	ive Adjusted for	New costs			
,			Field audited costs								
,			Medicare - Prospective			Interim					
		X	Payment System Rate			Total Inte	erim				
'			Average Nursing Home Rate			Settleme	nt based on cost	ts			
'			Broward								
	Distr	ibution:		W.	Rydell	Samuel, Ac	ministrator #				
	Fisca	l Agent					oursement Analys	sis			
	Contr	act Mana	gement				,				
	Perm	anent File	9								



680027108 - 2019/10

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

Tallahassee, Florida 32308

Bro	ward C	Comm & F	amily Hlth Ctrs-Powerline Rd			Pro	vider	Number :	680027108			
	<u> </u>					Date: 10/04/2019						
50°	10 Holly	wood Blv	rd			Fisc						
		l, FI 3302				Auc	dit Sta	tus : N/A				
Dra	ovider <sup>*</sup>	Type					Curro	ent Rate	New Rate	Effective Date		
	Viuei		lealth Clinic				Curre	iii Nate	INEW INDIC	Lifective Date		
			Bed Provider									
	Х		Ily Qualified Health Centers					150.66	152.92	10/01/2019		
			e Provider					100.00	102.02	10/01/2010		
			1 / H51 Routine Home Care (1-60)									
	#651a / H5L Routine Home Care (61 +)											
			2 / H52 Continuous Home Care	<u>'</u>								
		#05	51 / 0561 Continuous Home Care	- SIA								
		#65	5 / H55 Inpatient Respite Care									
	#656 / H56 General Inpatient Care											
		#65	9 Room and Board									
ſ	D,	asis :	1	Г	ato	Тур	0:	1				
l			Budget			X	<del>.</del>	] Prospecti	ive			
-			Unaudited costs					Total Pro				
-			Desk audited costs					_	ive Adjusted for	New costs		
-			Field audited costs					-	ivo / lajacica rei	11011 00010		
-			Medicare - Prospective					- Interim				
		X	Payment System Rate					- Total Inte	erim			
-			- Average Nursing Home Rate					- Settleme	nt based on cos	ts		
-			- Broward					_				
	<u>Distribution:</u>			V	V.Ry	dell S	amuel, Ad	ministrator	ζ			
Fiscal Agent Contract Management				N	1edic	aid C	ost Reimb	ursement Analy	sis			
	Perm	nanent File	e									
	Program Development: For information Only (No Change in rate)											



680996100 - 2019/10

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

Tallahassee, Florida 32308

		10		_						
Manatee Rural County Health Ser - Arcadia FHC				Provider Number : 680996100						
				Date : 10/04/2019						
700 8th Ave W					cal Year End : N	I/A				
Palmetto, FL 34221				Audit Status : N/A						
Pro	Provider Type:				Current Rate	New Rate	Effective Date			
		Rural Health Clinic								
		Swing-Bed Provider								
	X	Federally Qualified Health Centers			127.58	129.50	10/01/2019			
		Hospice Provider								
		#651 / H51 Routine Home Care (1-	60)							
		#651a / H5L Routine Home Care (6	61 +)							
		#652 / H52 Continuous Home Care	)							
		#0551 / 0561 Continuous Home Ca	are - SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
ſ	Bas	is:	Rate	Тур	e :					
L		 Budget		X	I Prospect	ive				
•		Unaudited costs			Total Prospective					
-	 Desk audited costs				Prospect	Prospective Adjusted for New costs				
•		Field audited costs								
•		Medicare - Prospective			Interim					
	Х	Payment System Rate			Total Inte	erim				
-		Average Nursing Home Rate			Settleme	nt based on cos	ts			
•		Desoto								
	Distrik	oution:	I	V.Ry	dell Samuel, Ad	ministrator #	~			
	Fiscal Agent Contract Management			Medicaid Cost Reimbursement Analysis						
						·				
	Permar	nent File								
	Prograi	m Development:								
		For information Only (No Change in ra	ate)							



681471900 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicald Neillibursement Fer Die	ili Nates Ioi	INOI	i-iiiStitutioiiai i	FIOVILLEIS				
Central Florida Health Care-Dundee				Provider Number : 681471900						
					Date: 10/04/2019					
950 CR 17A West					al Year End : N	I/A				
Αv	on Park, F	TI 33825		Aud	it Status : N/A					
Pro	ovider Ty	pe:			Current Rate	New Rate	Effective Date			
	I	Rural Health Clinic								
	,	Swing-Bed Provider								
	X I	Federally Qualified Health Centers			154.97	157.29	10/01/2019			
	ı	Hospice Provider								
		#651 / H51 Routine Home Care (1-60)								
		#651a / H5L Routine Home Care (61 -	+)							
		#652 / H52 Continuous Home Care								
		#0551 / 0561 Continuous Home Care	- SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
ſ	Basi	s:	Rate	Туре	e :					
ן נ		Budget	<u> </u>	X	—— Prospect	ive				
•		Unaudited costs			Total Pro	spective				
-		Desk audited costs			Prospect	ive Adjusted for I	New costs			
-		Field audited costs								
•		Medicare - Prospective			Interim					
	Х	Payment System Rate			Total Inte	erim				
-		Average Nursing Home Rate			Settleme	nt based on cost	s			
-		Polk								
	Distrib	oution:	W	V.Ryc	dell Samuel, Ad	ministrator #	`			
Fiscal Agent Contract Management			_	Medicaid Cost Reimbursement Analysis						
						•				
	Perman	ent File								
	Progran	n Development:								
		_ For information Only (No Change in rate)								



681969900 - 2019/10

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

Tallahassee, Florida 32308

		-	Medicaid Neillibursement Fer Dien	i Nates it	/I INC	<u>///-///3</u>	ututionari	TOVIUEIS		
Community Health Centers,Inc Eatonville Med/Dent Center				enter	Provider Number : 681969900					
Da					Da	ate: 10/04/2019				
P.O. Box 4099					cal Ye	ear End : N	/A			
Apopka, FI 32704					dit Sta	atus : N/A				
Pro	vider T	ype:				Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				147.15	149.36	10/01/2019	
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-60)							
		#65	1a / H5L Routine Home Care (61 +)							
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Care -	SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
٦	Bas	sis :	7	Rate	Typ	ne :	1			
L			_l Budget		X		J Prospecti	ve		
-			Unaudited costs				- Total Pro			
-			_ Desk audited costs				_	ve Adjusted for	New costs	
-			Field audited costs				<u>-</u>	•		
_			– Medicare - Prospective				- Interim			
	)	<	Payment System Rate				- Total Inte	rim		
-			Average Nursing Home Rate				- Settleme	nt based on cost	s	
_			Orange				_			
	Distri	bution:	<u> </u>		W.R۱	/dell S	amuel. Ad	ministrator #	,	
Fiscal Agent			_	Medicaid Cost Reimbursement Analysis						
	Contract Management			·						
	Perma	nent File	е							
	Progra	ım Deve	elopment:							
		For in	nformation Only (No Change in rate)							



682960100 - 2019/10

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

Tallahassee, Florida 32308

		modical Comparation of Dia	m ratoo r	<u> </u>	11011	montanionar	TOTIGOTO			
Се	ntral Florida Fai	mily Health Center-Hoffner		Provider Number : 682960100						
				[	Date: 10/04/2019					
54	49 South Semoi	ran Blvd		Fiscal Year End : N/A						
Ora	ange, FI 32822			A	Audit	Status : N/A				
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers				115.62	117.36	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	e T	уре	:				
		Budget		X	<u>,                                     </u>	Prospect	ive			
•		Unaudited costs				 Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
-		Orange								
	Distribution	l <u>1:</u>		W.	Ryde	ell Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analy	sis		
	Contract Man	agement					ĺ			
	Permanent Fi	ile								
	Program Dev	elopment:								
	For	information Only (No Change in rate)								



683710700 - 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

		-	Medicald Neillibursement Fer Die	eni ivales io	1 140	<u> </u>	illutional i	TOVIUEIS				
Та	mpa Cor	nmunity	Health Center - Mobile Medical Cer	nter	Provider Number : 683710700							
					Da	Date: 10/04/2019						
Ρ.	D. Box 8	2969			Fis	Fiscal Year End : N/A						
Та	mpa, FL	33682			Αu	Audit Status : N/A						
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Ily Qualified Health Centers				128.09	130.02	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)									
		#65	1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	- SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :		Rate	Туј	pe:	]					
			Budget		Χ		Prospecti	ve				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospecti	ve Adjusted for I	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
	,	X	Payment System Rate				Total Inte	rim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Hillsborough									
	Distri	bution		Ι V	V.R	ydell S	amuel, Ad	ministrator #	`			
	Fiscal	Agent		_				ursement Analys	sis			
	Contra	act Mana	agement					,				
	Perma	anent File	е									
	Progra	am Deve	lopment:									



683955003 - 2019/10

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

Tallahassee, Florida 32308

		-	Medicaid Neillibursement Fer Diei	II IVALES IO	1 140	11-1113	litutionari	FIOVIUEIS			
Со	collier Health Services - Horizon PCC				Provider Number : 683955003						
					Date: 10/04/2019						
P.C	). Box 1	2229			Fiscal Year End : N/A						
Na	oles, FL	34101			Au	dit Sta	itus : N/A				
Pro	vider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	11 / H51 Routine Home Care (1-60)								
		#65	11a / H5L Routine Home Care (61 +)								
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care -	SIA							
			55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Ba	sis :	7	Rate	Тур	oe :	]				
ַ נ			Budget		Х		ם Prospect	ive			
-			Unaudited costs				- Total Pro	spective			
-			Desk audited costs				- Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Collier				_				
	Distr	ibution:	<u> </u>	V	V.Ry	/dell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					·			
	Perma	anent File	е								
	Progra	am Deve	lopment:								
		For in	nformation Only (No Change in rate)								



683955005 - 2019/10

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

Tallahassee, Florida 32308

Co	lier Hlth	Svc-Cre	ekside Pediatrics			Pro	vider	Number : (	683955005			
00		1000010	ekside i ediatries					/04/2019	0000000			
D C	) Box 12	2220						ar End : N	Ι/Λ			
	oles, Fl					Audit Status : N/A						
INA	JICS, 1 1	34101				Auc	iii Ola	ius . IV/A				
Pro	vider 1	уре:					Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					154.97	157.29	10/01/2019		
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)									
		#65	1a / H5L Routine Home Care (61 +	-)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	- SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
٦	Ra	sis :	1	□ R	ate	Тур	٥.	1				
L	Ба	JIJ .	Budget			X	· ·	] Prospecti	VA.			
-			Unaudited costs					Total Pro				
-			Desk audited costs					_	ve Adjusted for	New costs		
_			Field audited costs					-	ve Aujusteu for	14CW C0313		
-			Medicare - Prospective					- Interim				
		Χ	Payment System Rate					Total Inte	rim			
-			Average Nursing Home Rate					_	nt based on cos	ts		
-			- Collier					-	11. 20000 011 000			
			Comor									
	Distr	ibution:			V	V.Ry	dell S	amuel, Ad	ministrator #	Σ		
	Fisca	l Agent			N	1edic	aid C	ost Reimb	ursement Analy	sis		
	Contr	act Mana	gement						·			
	Perm	anent File										
	Progr	am Devel	lopment:									
		For in	nformation Only (No Change in rate)									



683955006 - 2019/10

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

Tallahassee, Florida 32308

Со	Collier Health Services - Ronald McDonald				Provider Number : 683955006						
				Date: 10/04/2019							
Ρ.	O. Box 12	2229		Fiscal Year End : N/A							
Na	ples, FL	34101		Aud	udit Status : N/A						
Pro	ovider Ty	pe:			Current Rate	New Rate	Effective Date				
		Rural Health Clinic									
		Swing-Bed Provider									
	X	Federally Qualified Health Centers			154.97	157.29	10/01/2019				
		Hospice Provider									
		#651 / H51 Routine Home Care (1-60	0)								
		#651a / H5L Routine Home Care (61	+)								
		#652 / H52 Continuous Home Care									
		#0551 / 0561 Continuous Home Car	e - SIA								
		#655 / H55 Inpatient Respite Care									
		#656 / H56 General Inpatient Care									
		#659 Room and Board									
	Basi	is:	Rate	Тур	e :						
ן נ		Budget		X	——— Prospect	ive					
-		Unaudited costs			Total Pro	spective					
•		Desk audited costs	-		Prospect	ive Adjusted for	New costs				
-		Field audited costs									
-		Medicare - Prospective			Interim						
	Х	Payment System Rate			Total Inte	erim					
-		Average Nursing Home Rate			Settleme	nt based on cos	ts				
-		Not Selected									
	Distrik	oution:		/.Ryo	dell Samuel, Ac	Iministrator 7	z				
	Fiscal A	Agent				oursement Analy	sis				
	Contrac	ct Management				•					
	Permar	nent File									
	Progra	m Development:									
		_ For information Only (No Change in rate	e)								



683955010 - 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

		-	Medicald Reinibursement Fer Die	m Nates it	<u> </u>	011-1113	titutionari	FIOVILLEIS			
Со	llier Hea	alth Servi	ces, Inc - Countryside Childrens Del	ntal	Pı	rovider	Number :	683955010			
					D	ate : 10	0/04/2019				
14	54 Madi	son Aver	nue		Fi	Fiscal Year End : N/A					
lm	okalee, l	FL 3393	4		Audit Status : N/A						
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)					,			
		#65	1a / H5L Routine Home Care (61 -	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :		Rate	<b>Т</b> у	pe :	1				
'			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs	·			Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective	'			Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Collier								
	Distr	ibution:		,	N.R	Rydell S	Samuel, Ad	ministrator #	·		
	Fiscal	Agent		_				ursement Analys	sis		
	Contr	act Mana	gement					,			
	Perma	anent File	Э								
	Progr	am Deve	lopment:								



683955012 - 2019/10

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

Tallahassee, Florida 32308

	•	Medicaid Neilliburseilleilt Fer Dielli	i Nates IOI	I IVO	ii-iiistitutioii	<u> </u>	IOVIUEIS			
Col	Collier Health Services, Inc FSU Primary Care			Provider Number : 683955012						
				Dat	e : 10/04/201	9				
145	4 Madison Aver	nue		Fiscal Year End : N/A						
Imo	kalee, FL 3393	4		Auc	dit Status : N/	Α				
Pro	vider Type:				Current Rate	<b>e</b>	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing-	Bed Provider								
	X Federa	Illy Qualified Health Centers			154.	97	157.29	10/01/2019		
	Hospic	e Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care -	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	66 / H56 General Inpatient Care								
	#65	9 Room and Board								
Γ	Basis :	7	Rate	Tvp	e :					
L		_l Budget		X	J Prospe	ectiv	/e			
_		Unaudited costs			Total F	ros	spective			
_		Desk audited costs			Prospe	ectiv	e Adjusted for I	New costs		
_		Field audited costs								
_		Medicare - Prospective			Interim	1				
	Χ	Payment System Rate			Total I	nter	im			
_		Average Nursing Home Rate			Settler	nen	t based on cost	s		
_		Collier								
	Distribution	<u> </u>		V.Rv	dell Samuel,	Adn	ninistrator #	,		
	Fiscal Agent		_					sis		
	Contract Mana	agement					,			
	Permanent File	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



683955014 - 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**

			<u> wedicaid Reimbursement Per D</u>	nem Rates for	Non-	institutional	<u>Providers</u>				
Со	llier He	alth Serv	ices		Provider Number : 683955014						
UF	Pediat	ric Denta	l Center		Date	: 10/04/2019					
14	54 Mad	ison Ave	W		Fiscal Year End : N/A						
lmı	mokale	e, FL 34	1422200		Audit	Status : N/A					
Pro	ovider <sup>*</sup>	Туре:			С	urrent Rate	New Rate	Effective Date			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			154.97	157.29	10/01/2019			
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	0)							
		#6	51a / H5L Routine Home Care (61	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Car	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
[	Ва	asis :		Rate	Туре	:					
٠			Budget		X	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
•			Field audited costs								
			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	is			
•			Collier								
	Dist	ribution	<u>.</u>		/.Rvde	ell Samuel, Ad	Iministrator	~			
	Fisca	al Agent					oursement Analys				
	Cont	ract Mana	agement			- 1.					
	Perm	nanent Fil	e								
	Prog	ram Deve	elopment:								



683955017 - 2019/10

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Tallahassee, Florida 32308

		Modicala Rombarcomont For	<u> </u>	10100 101 11	011 1110	<u>titutionai</u>	110114010			
Со	llier Health S	Services		Р	Provider Number : 683955017					
Cre	eekside Fam	nily Practice		D	Pate: 10/04/2019					
PC	Box 12229			F	iscal Ye	ear End : N	I/A			
Na	ples, FL 34	1012229		A	udit Sta	ntus : N/A				
Pre	ovider Type	):			Curre	ent Rate	New Rate	Effective Date		
	Ru	ıral Health Clinic								
	Sw	ving-Bed Provider								
	X Fe	derally Qualified Health Centers				154.97	157.29	10/01/2019		
	Но	ospice Provider								
		#651 / H51 Routine Home Care (1	-60)							
		#651a / H5L Routine Home Care (	61 +)							
		#652 / H52 Continuous Home Car	е							
		#0551 / 0561 Continuous Home C	are - SI	A						
		#655 / H55 Inpatient Respite Care	!							
		#656 / H56 General Inpatient Care	•							
		#659 Room and Board								
	Basis	:		Rate Ty	/pe :	]				
·		Budget	'	Х		∟ Prospect	ive			
•		Unaudited costs	-			- Total Pro	spective			
•		Desk audited costs	-			- Prospect	ive Adjusted for	New costs		
•		Field audited costs	-			_				
•		Medicare - Prospective	-			Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
•		Collier								
	Distribut	tion:		W.F	Rvdell S	amuel. Ad	ministrator #	ζ		
	Fiscal Age	ent					oursement Analys	sis		
	Contract I	Management				-	.,			
	Permaner	nt File								
	Program I	Development:								
		For information Only (No Change in r	ate)							



683955019 - 2019/10

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Tallahassee, Florida 32308

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

			Medicald Reinibursement Fer	Dieili Nates 10	1 140	<u> </u>	itutionai	FIOVIU <del>CIS</del>			
Со	ollier Health Services				Provider Number : 683955019						
Wc	mens (	Care Nap	oles		Date: 10/04/2019						
14	54 Madi	ison Ave			Fiscal Year End : N/A						
lmı	mokale	e, FL 34	1422200		Au	dit Sta	tus : N/A				
Pro	ovider <sup>-</sup>	Туре:				Curre	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-	60)							
		#6	51a / H5L Routine Home Care (6	61 +)							
	#652 / H52 Continuous Home Care										
		#0	551 / 0561 Continuous Home Ca	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
ſ	Ва	asis :	7	Rate	Тур	oe :	]				
٠			Budget		Х		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				-				
•			Medicare - Prospective				Interim				
_		Χ	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate  Collier				Settleme	nt based on cost	S		
	Dist	ribution	•		M Dv	ıdall S	amual Ad	ministrator #			
		l Agent	<u>.</u>	_				ursement Analys	eie		
		•	agement	יו	vicul	caia C	OSC INGILLID	arsoment Analys	JIG		
		anent Fil									
	Program Development:										
	3		•								



683955021 - 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

			<u> Medicaid Reimbursement Per D</u>	nem Rates for	NOn-	institutional	<u>Providers</u>				
Со	llier He	alth Serv	ices		Provider Number : 683955021						
To	tal Won	nens Car	e		Date	: 10/04/2019					
14	54 Madi	ison Ave			Fiscal Year End : N/A						
lmı	mokale	e, FI 341	42		Audit	Status : N/A					
Pro	ovider <sup>-</sup>	Туре:			С	urrent Rate	New Rate	Effective Date			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			154.97	157.29	10/01/2019			
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	0)							
		#6	51a / H5L Routine Home Care (61	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Car	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
[	Ва	asis :		Rate	Туре	:					
٠			Budget		X	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
•			Field audited costs								
			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate			Settleme	nt based on cost	is			
•			Collier								
	Dist	ribution	<u>:</u>		V.Rvde	ell Samuel, Ad	Iministrator	~			
	Fisca	al Agent					oursement Analys				
	Conti	ract Mana	agement			- 11					
	Perm	anent Fil	e								
	Progi	ram Deve	elopment:								



683955023 - 2019/10

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Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per Die	m Rates for	NON	<u>-institutionai</u>	<u>Providers</u>				
Со	llier He	alth Svc			Prov	Provider Number : 683955023					
Fri	endship	Hlth Ctr			Date	ate: 10/04/2019					
14	54 Mad	ison Ave			Fisc	al Year End : N	I/A				
lm	mokale	e, Fl 341	42		Aud	it Status : N/A					
Pre	ovider <sup>-</sup>	Гуре:			(	Current Rate	New Rate	Effective Date			
		Rural F	lealth Clinic				'				
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			154.97	157.29	10/01/2019			
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)								
		#65	i1a / H5L Routine Home Care (61 -	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ba	nsis :	1	Rate	Туре	<b>:</b>					
١			Budget		Χ	—— Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
•			Field audited costs								
•			– Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Inte	erim				
•			Average Nursing Home Rate			Settleme	nt based on cost	ts			
•			Collier								
	Dist	ribution:	<u> </u>	V	V.Rvc	lell Samuel, Ac	Iministrator #				
	Fisca	l Agent		_			oursement Analy	sis			
	Conti	act Mana	agement				<b>,</b>				
	Perm	anent File	е								
	Progi	ram Deve	lopment:								
		For in	nformation Only (No Change in rate)	)							



683955024 - 2019/10

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

Tallahassee, Florida 32308

$C_0$	lior Ho	alth Svc-Y	MCA Rd			Pro	vider	Number	683955024	
CO	ilei i lea	31111 370-1	WCA Nu						083933024	
- 47	-0.\/\10	A D I #40						)/04/2019	1/4	
		A Rd #10	02					ear End : N	I/A	
Na	oles, FI	34109				Auc	dit Sta	itus : N/A		
Pro	vider 1	Гуре:					Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					154.97	157.29	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)							
		#65	1a / H5L Routine Home Care (61 +	.)						
	#652 / H52 Continuous Home Care									
		- SIA								
	#656 / H56 General Inpatient Care									
		#65	9 Room and Board							
ſ	Ba	ısis :	ا ا	Rá	ate	Тур	e :	]		
L			Budget			X		⅃ Prospecti	ive	
-			Unaudited costs					Total Pro		
-			Desk audited costs					_	' ive Adjusted for	New costs
-			Field audited costs					- '	,	
-			- Medicare - Prospective					- Interim		
		X	Payment System Rate					- Total Inte	erim	
-			- Average Nursing Home Rate					- Settleme	nt based on cos	ts
_			- Collier					_		
	<u>Distribution:</u>		٧	V.Ry	dell S	amuel, Ad	ministrator	Z		
	Fisca	l Agent			N	/ledic	aid C	ost Reimb	ursement Analy	sis
	Contr	act Mana	gement							
	Perm	anent File	9							
	Progr	am Devel	lopment:							
	For information Only (No Change in rate)									



683955027 - 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

			Modicard Rollingar comone For B	ioni itatoo ioi		motitut	ionai	TO VIGOTO			
Со	llier Hea	alth Svc			Prov	rider Nur	nber :	683955027			
De	ntal Car	e Centra	l		Date	ate: 10/04/2019					
14	54 Madi	son Ave	W		Fisca	al Year E	End : N	I/A			
lmı	mokalee	, FI 341	42		Audi	t Status	: N/A				
Pro	ovider 1	уре:				Current	Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers			•	154.97	157.29	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	0)				'			
	#651a / H5L Routine Home Care (61 +										
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	sis :		Rate	Туре	·:					
٠			Budget		Χ	Pro	ospect	ive			
•			Unaudited costs			To	tal Pro	spective			
•			Desk audited costs			Pro	ospect	ive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective			Int	erim				
		Χ	Payment System Rate			To	tal Inte	erim			
			Average Nursing Home Rate			Se	ttleme	nt based on cost	ts		
•			Collier								
	Distr	ibution	<u>:</u>	_I	V.Rvd	lell Samı	uel. Ad	ministrator #	ζ		
Fiscal Agent			_				ursement Analy	sis			
Contract Management											
Permanent File											
	Progr	am Deve									



683955031 - 2019/10

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Tallahassee, Florida 32308

		-	Medicald Neillibursement Fer Diel	II Nates 10	1 140	<u>///-///3</u>	litutionari	FIOVIUEIS	
Со	Collier Health Services- Naples				Pro	ovider	Number :	683955031	
					Da	te : 10	)/04/2019		
60	75 Bathe	y Lane			Fis	cal Ye	ear End : N	I/A	
Na	ples, FL	34116			Au	dit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	Health Clinic						
		Swing-	-Bed Provider						
	X	Federa	ally Qualified Health Centers				154.97	157.29	10/01/2019
		Hospic	ce Provider						
		#65	51 / H51 Routine Home Care (1-60)						
		#65	51a / H5L Routine Home Care (61 +)	)					
		#65	52 / H52 Continuous Home Care						
		SIA							
			55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#65	59 Room and Board						
	Bas	sis :	]	Rate	Тур	oe :	1		
ָ 			Budget		Х		∟ Prospect	ive	
-			Unaudited costs				- Total Pro	spective	
•			Desk audited costs				- Prospect	ive Adjusted for	New costs
-			Field audited costs				_		
-			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Collier						
	<u>Distri</u>	bution	<u>.</u>	V	W.Ry	/dell S	amuel, Ad	ministrator U	~
	Fiscal	Agent		<u> </u>	Леdi	caid C	ost Reimb	ursement Analys	sis
	Contra	act Mana	agement						
	Perma	anent File	е						
	Progra	am Deve	elopment:						
		For i	nformation Only (No Change in rate)						



684660200 - 2019/10

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Tallahassee, Florida 32308

		Medicald Neillibursement Fer Dielli	ivares ioi	INOI1-I	<u> 115titutionai</u>	FIOVIUEIS	
FL	Community F	Health Ctrs- St. Lucie		Provid	der Number :	684660200	
				Date :	10/04/2019		
44	50 South Tiffa	ny Drive		Fiscal	Year End : N	I/A	
We	est Palm Beac	ch, FL 32407		Audit	Status : N/A		
Pro	ovider Type:			Cı	urrent Rate	New Rate	Effective Date
	Rura	al Health Clinic					
	Swi	ng-Bed Provider					
	X Fed	erally Qualified Health Centers			127.20	129.11	10/01/2019
	Hos	pice Provider					
	į	#651 / H51 Routine Home Care (1-60)					
	į	#651a / H5L Routine Home Care (61 +)					
	7	#652 / H52 Continuous Home Care					
	7	#0551 / 0561 Continuous Home Care - S	iA.				
	7	#655 / H55 Inpatient Respite Care					
	7	#656 / H56 General Inpatient Care					
	•	#659 Room and Board					
ſ	Basis :		Rate	Гуре :			
L		Budget		<del>``</del>	I Prospect	ive	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
-		Field audited costs					
-		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
-		Average Nursing Home Rate			Settleme	nt based on cost	ts
-		Okeechobee					
	Distribution	<u>on:</u>	W	.Rvde	II Samuel, Ac	ministrator #	
	Fiscal Ager	nt				oursement Analys	sis
	Contract Ma	anagement				.,	
	Permanent	File					
	Program De	evelopment:					
	Fo	or information Only (No Change in rate)					



684660202 - 2019/10

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Tallahassee, Florida 32308

		Medicaid Keiliburseilleilt Fer Dieli	i itales ioi	NOI	i-iiistitutioiiai	FIOVICEIS	
FL	Community Hea	alth Ctrs- Hillmoor Dr.		Prov	vider Number :	684660202	
				Date	e: 10/04/2019		
170	01 S.E. Hillmoor	Dr.		Fisc	al Year End : N	I/A	
Ро	rt St. Lucie, FL	34952		Aud	it Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	-Bed Provider					
	X Federa	ally Qualified Health Centers			127.20	129.11	10/01/2019
	Hospid	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +)					
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care - 9	SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :	7	Rate	Type	<u> </u>		
l		_l Budget		X	Prospect	ive	
		Unaudited costs				spective	
•		Desk audited costs	-			ive Adjusted for	New costs
•		Field audited costs	-				
		Medicare - Prospective			 Interim		
	Χ	Payment System Rate			 Total Inte	erim	
•		Average Nursing Home Rate			Settleme	nt based on cost	is
•		Okeechobee					
	Dietwikustiese						,
	Distribution	<u>-</u>	_		dell Samuel, Ac		<u> </u>
	Fiscal Agent Contract Mana	agamant	N	1edic	aid Cost Reimb	oursement Analys	SIS
	Permanent Fil						
	Program Deve						
	For i	nformation Only (No Change in rate)					



686032000 - 2019/10

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

Tallahassee, Florida 32308

		Modical Comparison on Dia	m ratoo r	<u> </u>		otitutionar	TO TIGOTO	
I.M. Solzbacher Ctr for the Homeless			Р	rovide	er Number :	686032000		
				D	ate :	10/04/2019		
611	I E. Adams St			F	iscal `	Year End : N	I/A	
Jac	ksonville, FL 3	2202		Α	udit S	Status : N/A		
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				123.58	125.44	10/01/2019
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +	+)					
	#6							
	#0	- SIA						
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rat	e Ty	ype :			
<u></u>		 Budget		Χ		— Prospect	ive	
-		Unaudited costs				 Total Pro	spective	
-		Desk audited costs				Prospect	ive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
_		Average Nursing Home Rate				Settleme	nt based on cost	ts
-		Duval						
	Distribution			W.F	Rydell	Samuel, Ad	ministrator #	~
	Fiscal Agent						ursement Analy	sis
	Contract Man	agement					·	
	Permanent Fi	ile						
	Program Dev	elopment:						
	For	information Only (No Change in rate)	ı					



686032002 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

			Medicald Kellibursellient Fer Di	ieiii ivales io	INC	<u> </u>	itutionai	FIOVIU <del>CIS</del>		
I.M	. Solzba	acher			Pro	Provider Number : 686032002				
Ве	aches C	Communi	ty Healthcare		Da	ate: 10/04/2019				
61	1 E. Ada	ams Stre	et		Fis	cal Ye	ar End : N	I/A		
Jac	cksonvil	le, FL 32	2202		Au	dit Sta	tus : N/A			
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date	
		Rural I	Health Clinic							
		Swing-	Bed Provider							
	X	Federa	Illy Qualified Health Centers				123.58	125.44	10/01/2019	
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-60	))						
		#65	51a / H5L Routine Home Care (61	+)						
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	e - SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
ſ	Ва	sis :		Rate	Тур	ре :	]			
٠			Budget		Х		Prospect	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs				-			
-			Medicare - Prospective				Interim			
		Χ	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	s	
•			Duval				-			
	Distr	ibution	<u> </u>		۷.R۱	/dell S	amuel. Ad	ministrator #		
Fiscal Agent		_				ursement Analys	sis			
Contract Management										
Permanent File										
	Program Development:									



686032006 - 2019/10

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

Tallahassee, Florida 32308

				<u> </u>				
I.M	I.M. Sulzbacher Center for the Homeless, Inc.			F	Provid	ler Number :	686032006	
					Date :	10/04/2019		
545	55 Springfield B	lvd		F	iscal	Year End : N	I/A	
Jac	ksonville, FL 3	2208		Α	\udit \$	Status : N/A		
Pro	ovider Type:				Cu	irrent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	<sub>J</sub> -Bed Provider						
	X Feder	ally Qualified Health Centers				123.58	125.44	10/01/2019
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	+)					
	#6							
	#0	- SIA						
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rat	e T	ype :			
<b>ַ</b>		Budget		Χ		 Prospect	ive	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				Prospect	ive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
_		Average Nursing Home Rate				Settleme	nt based on cost	ts
-		Duval						
	Distribution	l <u>1:</u>		W.I	Rvdel	I Samuel, Ad	ministrator #	~
	Fiscal Agent						ursement Analy	sis
	Contract Man	agement					,	
	Permanent Fi	ile						
	Program Dev	elopment:						
	For	information Only (No Change in rate)	ı					



687429100 - 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

		-	Medicaid Keiliburseillent Fer Die	siii Nates 10	1 14	011-1115	illulional i	FIOVILLEIS			
He	ealth Car	e Center	s for Homeless - Westmoreland		Pı	rovider	Number :	687429100			
					Da	ate : 10	/04/2019				
23	4 N. Ora	nge Blos	ssom Trail		Fi	scal Ye	scal Year End : N/A				
Or	lando, F	L 32805			Αι	udit Sta	itus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				143.60	145.76	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)				,			
	#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care										
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	7	Rate	Ту	pe :	]				
			Budget		Χ		Prospecti	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				-				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Orange								
	Distr	ibution:		1	W.R	ydell S	amuel, Ad	ministrator #	·		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	lopment:								



687429102 - 2019/10

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

Tallahassee, Florida 32308

		modical a Normal Comon Tor Dio	m ratoo r	<u> </u>		montanonar	TO TIGOTO	
He	Health Care Centers for Homeless - Parramore			F	Prov	ider Number :	687429102	
				[	Date	: 10/04/2019		
234	1 N. Orange Blo	ssom Trail		F	Fisca	al Year End : N	I/A	
Orl	ando, FL 3280	5		A	Audit	t Status : N/A		
Pro	ovider Type:				C	urrent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				143.60	145.76	10/01/2019
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	+)					
	#6							
	#0	- SIA						
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rat	e T	уре	:		
<u></u>		Budget		X		Prospect	ive	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				Prospect	ive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
_		Average Nursing Home Rate				Settleme	nt based on cost	ts
_		Orange						
	Distribution			W.	Rvd	ell Samuel, Ad	ministrator Tr	?
	Fiscal Agent						ursement Analys	sis
	Contract Man	agement					,	
	Permanent Fi	le						
	Program Dev	elopment:						
	For	information Only (No Change in rate)						



687429104 - 2019/10

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Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per D</u>	<u>liem Rates fo</u>	or No	on-Insi	titutional	<u>Providers</u>	
He	alth Car	e Center	for the Homeless		Pr	ovider	Number :	687429104	
					Da	ate : 10	/04/2019		
23	2 N. Ora	nge Blos	som Trail		Fis	scal Ye	ear End : N	I/A	
32	305, FL	3280516	612		Αu	ıdit Sta	itus : N/A		
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				143.60	145.76	10/01/2019
		Hospic	e Provider						
		#65	1 / H51 Routine Home Care (1-6	0)					
		l <b>+</b> )							
		#65	2 / H52 Continuous Home Care						
		#05	51 / 0561 Continuous Home Car	e - SIA					
		#65	5 / H55 Inpatient Respite Care						
		#65	6 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :		Rate	е Туן	pe:			
`			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
•			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Orange						
	Distr	ibution:			W.R <sup>,</sup>	ydell S	amuel, Ad	ministrator	~
	Fiscal	Agent						ursement Analys	
	Contra	act Mana	gement					•	
	Perma	anent File	9						
	Program Development:								



Program Development:

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# Florida Agency for Health Care Administration

687429106 - 2019/10

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

Tallahassee, Florida 32308

Health Care Center for the Homeless		Provider Number : 687429106				
Orange Blossom Family Health Center		Date	: 10/04/2019			
232 N. Orange Blossom Trail		Fisca	I Year End : N	I/A		
Orlando, FL 328051612		Audit	Status : N/A			
Provider Type:		С	urrent Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers			143.60	145.76	10/01/2019	
Hospice Provider						
#651 / H51 Routine Home Care (1-60)						
#651a / H5L Routine Home Care (61 +	)					
#652 / H52 Continuous Home Care						
#0551 / 0561 Continuous Home Care	- SIA					
#655 / H55 Inpatient Respite Care						
#656 / H56 General Inpatient Care						
#659 Room and Board						
Basis:	Rate	Гуре	: ]			
Budget	\	<	 Prospect	ive		
Unaudited costs			Total Pro	spective		
Desk audited costs			—— Prospect	ive Adjusted for	New costs	
Field audited costs						
Medicare - Prospective			 Interim			
X Payment System Rate			Total Inte	erim		
Average Nursing Home Rate			Settleme	nt based on cost	S	
Orange						
<u>Distribution:</u>	W	.Ryde	ell Samuel, Ad	ministrator #	~	
Fiscal Agent	_			ursement Analys		
Contract Management				<b>,</b>		
Permanent File						



687429108 - 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

		Modicard Rollingar Comonic For E	<u>Jioiii itatoo i</u>	<u> </u>	011 1110	titutionai i	T TO VIGOTO			
Health Ca	Health Care Centers for the Homeless			rovider Number : 687429108						
HTI, Orar	ITI, Orange Blossom Family Health Date				ate : 10	te: 10/04/2019				
232 North	n Orange I	Blossom Trail		Fi	scal Ye	scal Year End : N/A				
Orlando,	FL 32805	1612		Αι	udit Sta	atus : N/A				
Provider	Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic					1			
	Swing	-Bed Provider								
Х	Federa	ally Qualified Health Centers				143.60	145.76	10/01/2019		
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-6	50)							
	#651a / H5L Routine Home Care (61 +)									
	#65	52 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care - SIA									
	#65	55 / H55 Inpatient Respite Care								
	#656 / H56 General Inpatient Care									
	#65	59 Room and Board								
В	asis :		Rat	е Ту	pe:	7				
		Budget		Х		Prospect	ive			
		Unaudited costs			Total Prospective					
		Desk audited costs				- Prospect	ive Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Orange				_				
Dist	tribution	<u>.</u>		W.R	vdell S	Samuel, Ad	ministrator #	·		
Fisc	Fiscal Agent						ursement Analys	sis		
Con	tract Mana	agement					<b>y</b> .			
Perr	manent Fil	е								
Prog	gram Deve	elopment:								



Program Development:

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# Florida Agency for Health Care Administration

687429112 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Health Care Center for the Homeless			F	Provider Number : 687429112					
Or	ange Blo	ssom Fa	mily Health Center #12		Date:	10/04/2019			
23	2 N. Ora	nge Bloss	som Trail	F	iscal `	Year End : N	I/A		
Or	Orange, FL 328051612					Status : N/A			
Pr	ovider T	уре:			Cui	rrent Rate	New Rate	Effective Date	
		Rural H	ealth Clinic						
		Swing-E	Bed Provider						
	X	Federal	ly Qualified Health Centers			143.60	145.76	10/01/2019	
		Hospice	e Provider						
		#65	1 / H51 Routine Home Care (1-60	)				,	
		#65	1a / H5L Routine Home Care (61	+)					
		#652	2 / H52 Continuous Home Care						
		#05	51 / 0561 Continuous Home Care	e - SIA					
		#65	5 / H55 Inpatient Respite Care						
#656 / H56 General Inpatient Care									
		#659	9 Room and Board						
	Bas	sis :		Rate T	ype :	$\overline{}$			
'			Budget	X		I Prospective			
,			- Unaudited costs	-		— Total Pro	spective		
			Desk audited costs			— Prospect	ive Adjusted for	New costs	
,			Field audited costs						
,			Medicare - Prospective			 Interim			
	Ž	X	Payment System Rate			Total Inte	erim		
,			Average Nursing Home Rate			 Settleme	nt based on cost	ts	
			Orange						
	Distri	bution:		I W.	Rydell	Samuel, Ac	ministrator #	ζ	
	Fiscal	Agent					oursement Analys	sis	
	Contra	act Manag	gement						
	Perma	anent File							



687429114 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Modicala Rollingarcollioner of Bio	m rate r	<del></del>	10	- Indirection and	TO VIGOTO			
Не	alth Care Ctr fo	r the Homeless		F	Provider Number : 687429114					
				С	Date :	ate: 10/04/2019				
232	2 N Orange Blo	ssom Trail		F	iscal	scal Year End : N/A				
Orl	ando, FI 32805	5-1612		A	Audit	Status : N/A				
Pro	ovider Type:				Cı	irrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers				143.60	145.76	10/01/2019		
	Hospi	ice Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	-)							
	#6	552 / H52 Continuous Home Care								
	#0	9551 / 0561 Continuous Home Care	- SIA							
	#6	555 / H55 Inpatient Respite Care								
	#6	556 / H56 General Inpatient Care								
	#6	559 Room and Board								
	Basis :		Rat	e T	ype :					
١.		Budget		X		 Prospect	ive			
-		Unaudited costs				 Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Orange								
	Distribution	l <u>1:</u>		W.I	Rvdel	II Samuel, Ad	ministrator #	~		
Fiscal Agent							ursement Analy	sis		
	Contract Mar	nagement					,			
	Permanent F	ile								
	Program Dev	relopment:								
	For	information Only (No Change in rate)								



687429116 - 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

		•	modical a Normbar comont i or bi	om rates r	<u> </u>	011 1110	<u>titutioiiui</u>	TO TIGOTO			
He	Health Care Center for the Homeless #16				Pı	rovider Number : 687429116					
Or	Orange Blossom Family Hlth Ctr				ate : 10	te: 10/04/2019					
23	2 N Orar	nge Blos	som Trail		Fi	scal Ye	ear End : N	I/A			
Or	Orlando, FI 32805					udit Sta	dit Status : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				143.60	145.76	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60	1)							
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	e - SIA							
	#655 / H55 Inpatient Respite Care										
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rat	е Ту	pe:					
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	S		
			Orange								
	Distr	ibution:	<u>.</u>	<u>.</u>	W.R	Rydell S	amuel, Ad	ministrator U	·		
Fiscal Agent							ursement Analys	sis			
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	elopment:								



Program Development:

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# Florida Agency for Health Care Administration

687429118 - 2019/10

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

Tallahassee, Florida 32308

Health Care Ctr for the Homeless#18			Provid	ovider Number : 687429118			
Orange Blos	ssom Family Hlth Ctr		Date:	te: 10/04/2019			
232 N. Orar	nge Blossom Trail	F	iscal	Year End : N	I/A		
Orlando, Fl	32805	A	Audit	Status : N/A			
Provider Ty	/pe:		Cı	ırrent Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers			143.60	145.76	10/01/2019	
	Hospice Provider						
	#651 / H51 Routine Home Care (1-60)				,	,	
	#651a / H5L Routine Home Care (61 +)						
	#652 / H52 Continuous Home Care						
	#0551 / 0561 Continuous Home Care -	SIA					
	#655 / H55 Inpatient Respite Care						
	#656 / H56 General Inpatient Care						
	#659 Room and Board						
Bas	is:	Rate T	ype :				
	Budget	X		Prospective			
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for I	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
×	C Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	s	
	Orange						
<u>Dist</u> ril	bution:	W	Rvde	II Samuel, Ad	ministrator #		
Fiscal	Agent				ursement Analys	 sis	
Contra	ct Management						
Perma	nent File						



687429120 - 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

Health Care Center for the Homless Inc	Provider Number : 687429120				
Orange Blossom Family Health Center- Evans	Date: 10/04/2019				
232 N. Orange Blossom Trail	Fiscal Year End : N/A				
Orlando, FL 32805-1612	Audit Status : N/A				

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	143.60	145.76	10/01/2019
	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)			,
	#651a / H5L Routine Home Care (61 +)			
	#652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#655 / H55 Inpatient Respite Care			
	#656 / H56 General Inpatient Care			
	#659 Room and Board			

Basis :	7	Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Orange		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
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 $W. Rydell \ Samuel, \ Administrator$ 

A

Medicaid Cost Reimbursement Analysis



687429122 - 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

			Medicald Neillibursement Fer Die	em Nates io	INC	<u> </u>	itutionari	TOVIUEIS	
He	alth Car	e Center	for the Homeless Orange Blossom	Pediatrics	Pro	ovider Number : 687429122			
					Da	te: 10/04/2019			
70	1 W Livi	ngston S	treet Bldg 800		Fis	scal Ye	ar End : N	/A	
Or	lando, F	L 32803			Au	dit Sta	tus : N/A		
Pr	ovider 1	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	Health Clinic						
		Swing-	Bed Provider						
	X	Federa	Ily Qualified Health Centers				143.60	145.76	10/01/2019
		Hospic	ce Provider						
		#65	51 / H51 Routine Home Care (1-60)	)					,
		#65	51a / H5L Routine Home Care (61	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Care	- SIA					
	#655 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ва	sis :	]	Rate	Тур	эе :	]		
			Budget		Χ		Prospect	ve	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ve Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	rim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Orange						
	Distr	ibution	<u>.</u>	<u> </u>	۷.R۱	ydell S	amuel, Ad	ministrator #	·
Fiscal Agent			_				ursement Analys	sis	
	Contr	act Mana	agement					•	
	Perm	anent Fil	е						
	Progr	am Deve	elopment:						



687955100 - 2019/10

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Tallahassee, Florida 32308

		modicard Kombarcomont For Bio	m rates r	<i>71 11</i>	<u> </u>	<u>otitutionai</u>	TO VIGOTO		
No	rtheast Florida H	Health Svc - North Volusia Ave		Provider Number : 687955100					
				D	ate : 1	0/04/2019			
РО	Box 527			Fi	iscal Y	ear End : N	I/A		
Pie	rson, FL 32180	)		Α	udit St	tatus : N/A			
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				123.58	125.44	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	-)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rat	е Ту	/pe :				
<b>י</b>		Budget		Χ		Prospect	ive		
-		Unaudited costs				Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	ts	
_		Volusia							
	Distribution	l <u>::</u>		W.F	Rydell	Samuel, Ad	ministrator #	2	
Fiscal Agent			•	Med	dicaid	Cost Reimb	ursement Analy	sis	
	Contract Man	agement					·		
	Permanent Fi	le							
	Program Deve	elopment:							
	For	information Only (No Change in rate)	ı						



687955102 - 2019/10

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

Tallahassee, Florida 32308

		Modical Comparison on Dia	m raioo r	<u> </u>	<u> </u>	<del>Julianional</del>	TO TIGOTO		
No	Northeast Florida Health Svcs - West Plymouth Ave			Provider Number : 687955102					
				Da	ate : 1	0/04/2019			
РС	Box 527			Fi	scal Y	ear End : N	I/A		
Pie	erson, FL 32180	)		Αι	udit St	atus : N/A			
Pro	ovider Type:				Curi	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	<sub>J</sub> -Bed Provider							
	X Federa	ally Qualified Health Centers				123.58	125.44	10/01/2019	
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rat	е Ту	pe:				
<b>ן</b>		Budget		Χ		⊐ Prospect	ive		
•		Unaudited costs				Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
-		Field audited costs				_			
-		Medicare - Prospective				 Interim			
	Χ	Payment System Rate				Total Inte	erim		
•		Average Nursing Home Rate				Settleme	nt based on cost	ts	
		Volusia							
	Distribution			W.R	ydell	Samuel, Ad	ministrator #	2	
Fiscal Agent							ursement Analy	sis	
	Contract Man	agement					·		
	Permanent Fi	ile							
	Program Dev	elopment:							
	For	information Only (No Change in rate)	)						



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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 Keilibursellient Fer Diei	II Nates IO	INC	<u>///-///3</u>	litutionari	FIOVILLEIS		
Northeast Florida Health Services, Inc Deltona					Provider Number : 687955104					
					Date: 10/04/2019					
PO Box 527 Fisc					cal Ye	ear End : N	I/A			
Pie	rson, FL	. 321800	0527		Au	dit Sta	atus : N/A			
Pro	vider T	east Florida Health Services, Inc Deltona  ox 527 on, FL 321800527  der Type:  Rural Health Clinic  Swing-Bed Provider  (Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60  #651a / H5L Routine Home Care (61  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Volusia				Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic					,		
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				123.58	125.44	10/01/2019	
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)							
		#65	1a / H5L Routine Home Care (61 +)	)						
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Care -	SIA						
		#65	5 / H55 Inpatient Respite Care							
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
ſ	Bas	sis :	1	Rate	Тур	ре :	1			
L			Budget	L	X		⊐ Prospect	ive		
-			Unaudited costs				- Total Pro	spective		
-			Desk audited costs	<u> </u>			- Prospect	ive Adjusted for	New costs	
-			Field audited costs				_			
-			Medicare - Prospective				- Interim			
	)	X	Payment System Rate				Total Inte	erim		
-			Average Nursing Home Rate				Settleme	nt based on cost	ts	
-			Volusia				_			
	Distri	bution:	<u>l</u>	V	V.Ry	/dell S	Samuel, Ad	ministrator #	~	
	Fiscal Agent Contract Management			Medicaid Cost Reimbursement Analysis						
								·		
	Perma	anent File	Э							
	Progra	am Deve	lopment:							
	-	For ir	nformation Only (No Change in rate)							



687955106 - 2019/10

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Tallahassee, Florida 32308

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

		-	Medicaid Neillibul Sellielit Fel Di	em Nates it	<u>'I IN</u>	<u> </u>	Stitutional	FIOVILIEIS			
No	rtheast F	Florida H	ealth Services - Deland		Р	rovide	r Number :	687955106			
					D	Date: 10/04/2019					
10	15 N. Sto	one Stre	et, Unit A		F	iscal Y	ear End : N	I/A			
De	land, FL	32720			A	udit S	tatus : N/A				
Pr	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	Χ	Federa	Ily Qualified Health Centers				123.58	125.44	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)							
		#65	1a / H5L Routine Home Care (61	+)							
		#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - S									
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :	7	Rate	: Ty	ype :					
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
	2	X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	rs		
			Volusia								
<u></u>	Distri	bution		1 ,	N.F	Rydell	Samuel, Ad	ministrator #	~		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	lopment:								



687955111 - 2019/10

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

Tallahassee, Florida 32308

Northeast Florida Health Services				Provider Number : 687955111								
					С	ate :	10/04/2019					
80	801 Beville Rd					Fiscal Year End : N/A						
So	uth Dayt						dit Status : N/A					
Pro	ovider T	уре:				Cu	rrent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				123.58	125.44	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)									
		#65	1a / H5L Routine Home Care (61 +)									
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care -	SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :	]	Rate	- Ty	ype :	$\overline{}$					
ι			Budget		Χ		— Prospect	ive				
-			Unaudited costs				 Total Pro	spective				
-			Desk audited costs				— Prospect	ive Adjusted for	New costs			
-			Field audited costs	1								
-			Medicare - Prospective				 Interim					
	2	X	Payment System Rate				Total Inte	erim				
-			Average Nursing Home Rate				Settleme	nt based on cos	ts			
-			Volusia									
	Distri	bution:		,	V.F	Rydell	Samuel, Ac	Iministrator #	2			
	Fiscal Agent			ī	Medicaid Cost Reimbursement Analysis							
	Contra	act Mana	gement					·				
	Perma	anent File	Э									
	Progra	am Deve	lopment:									
		Eor ir	oformation Only (No Change in rate)									



687955117 - 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

		-	Medicald Neillibursement Fer Di	em Nates it	<u> </u>	1011-1113	litutionari	FIOVILLEIS			
No	rtheast F	lorida H	ealth Services Deland		Р	Provider Number : 687955117					
					D	Date: 10/04/2019					
12	05 S Wo	odland E	Blvd		F	Fiscal Year End : N/A					
De	land, FL	32720			A	udit Sta	atus : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic					,			
		Swing-	Bed Provider								
	Χ	Federa	lly Qualified Health Centers				123.58	125.44	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)							
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :		Rate	e Ty	/pe :	7				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
	)	X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Volusia								
	Distri	bution:			N.F	Rydell S	Samuel, Ad	ministrator #	·		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	nent File	e								
	Progra	am Deve	lopment:								



688412100 - 2019/10

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

Tallahassee, Florida 32308

		Medicald Reillibursement Fer Dielli	i itales ioi	INOI	<u></u>	FIOVILLEIS				
Pin	nellas County Board-Mobile Med Unit			Provider Number : 688412100						
				Date: 10/04/2019						
647	1st Ave. North			Fisc	cal Year End : I	N/A				
St.	Petersburg, FL	337013601		Aud	lit Status : N/A					
Pro	vider Type:				Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			115.39	117.12	10/01/2019			
	Hospid	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care - 9	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :		Rate	Тур	e:					
L		_J Budget		X	 Prospec	tive				
-		Unaudited costs	-		Total Pro	ospective				
-		Desk audited costs			Prospec	tive Adjusted for	New costs			
-		Field audited costs								
-		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
-		Average Nursing Home Rate			Settleme	ent based on cost	is			
-		Pinellas								
	Distribution	<u> </u>		V.Ryo	dell Samuel, Ad	dministrator #	~			
	Fiscal Agent		_			oursement Analys	sis			
	Contract Mana	agement				,				
	Permanent Fil	е								
	Program Deve	elopment:								
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688571300 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Neillibursellient Fer Diei	II Ivales IV	INC	<u> </u>	ututionari	TOVILLEIS			
Citr	trus Health Network				Provider Number : 688571300						
					Da	Date: 10/04/2019					
417	'5 W. 20	th Aven	ue		Fis	cal Ye	ear End : N	/A			
Hia	leah, FL	33012			Au	dit Sta	atus : N/A				
Pro	vider T	ype:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				155.23	157.56	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	i1a / H5L Routine Home Care (61 +)	)							
		#65	52 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care -	SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Bas	sis :		Rate	Tyr	ре :	1				
L			⊔ Budget		X		J Prospecti	ve			
_			Unaudited costs				- Total Pro	spective			
-			Desk audited costs				- Prospecti	ve Adjusted for	New costs		
-			Field audited costs				_				
_			- Medicare - Prospective				- Interim				
	)	<	Payment System Rate				Total Inte	rim			
-			Average Nursing Home Rate				Settleme	nt based on cost	s		
-			Dade				-				
	Distri	bution:	<u> </u>	V	۷.R	/dell S	amuel, Ad	ministrator #	<u> </u>		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	ct Mana	agement					,			
	Perma	nent File	е								
	Progra	ım Deve	elopment:								
		For in	nformation Only (No Change in rate)								



688571302 - 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

		-	Medicald Neillibursement Fer Die	em Nates 10	1 140	011-11131	ilutional i	TOVIUEIS			
Cit	rus Heal	th Netwo	ork		Provider Number : 688571302						
					Da	ate: 10/04/2019					
55	1 West 5	1st Stree	et Place, Second Floor		Fis	Fiscal Year End : N/A					
Hia	aleah, FL	330123	3601		Αι	udit Sta	tus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				155.23	157.56	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)	)					,		
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ba	sis :	]	Rate	Ту	pe :	]				
			Budget		Χ		Prospecti	ve			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospecti	ve Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Dade								
	Distr	ibution:		<u> </u>	V.R	ydell S	amuel, Ad	ministrator #			
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	gement					,			
	Perma	anent File	e								
	Progra	am Deve	lopment:								



688571308 - 2019/10

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

Tallahassee, Florida 32308

				<u> </u>						
Cit	rus Health Netw	ork, E. 3rd St		Provider Number : 688571308						
					Date: 10/04/2019					
417	75 West 20th Av	/e.			Fisc	cal Yea	ar End : N	I/A		
Hia	leah, FL 33012	2			Auc	dit Stat	us : N/A			
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					155.23	157.56	10/01/2019	
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	te '	Тур	e:				
<b>ַ</b>		Budget	<u> </u>	)	X		Prospect	ive		
-		Unaudited costs					Total Pro	spective		
-		Desk audited costs					Prospecti	ive Adjusted for	New costs	
-		Field audited costs								
-		Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	erim		
-		Average Nursing Home Rate					Settleme	nt based on cos	ts	
_		Dade								
	Distribution			W	/.Ry	dell Sa	ımuel, Ad	ministrator #	z	
	Fiscal Agent							ursement Analy	sis	
	Contract Man	agement						,		
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



688571310 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Modical Rollingar Compiler of Dia	min itatoo i	<del>,</del>	1011	<u> </u>	TOTIGOTO			
Cit	rus Health Netw	vork-SW 26th St		Provider Number : 688571310						
					Date: 10/04/2019					
417	75 W. 20th Ave			F	isca	l Year End : N	I/A			
Hia	leah, Fl 33012			P	Audit	Status : N/A				
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers				155.23	157.56	10/01/2019		
	Hospi	ice Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	555 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rat	e T	уре	:				
<b>ן</b>		Budget		Χ		 Prospect	ive			
•		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs	·							
-		Medicare - Prospective	·			Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Dade	'							
	Distribution	l <u>1:</u>		W.	Ryde	ell Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analys	sis		
	Contract Man	nagement					,			
	Permanent Fi	ile								
	Program Dev	relopment:								
	For	information Only (No Change in rate)	)							



688571314 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

				<u>. J.</u>				101100			
Cit	Citrus Health Network-Hialeah			Provider Number : 688571314							
					Dat	Date : 10/04/2019					
417	75 W 20th Ave				Fisc	cal Yea	r End : N	I/A			
Hia	leah, Fl 33012				Aud	dit Statu	ıs : N/A				
Pro	ovider Type:					Currer	t Rate	New Rate	Effective Date		
	Rural	Health Clinic						,			
	Swing	<sub>J</sub> -Bed Provider									
	X Feder	ally Qualified Health Centers					155.23	157.56	10/01/2019		
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Ra	te	Тур	e:					
<b>ן</b>		Budget		2	X		Prospect	ive			
•		Unaudited costs					Total Pro	spective			
-		Desk audited costs					rospect	ive Adjusted for	New costs		
-		Field audited costs									
-		Medicare - Prospective				I	nterim				
	Χ	Payment System Rate				_	Total Inte	erim			
•		Average Nursing Home Rate					Settleme	nt based on cos	ts		
		Dade									
	Distribution			W	√.Ry	dell Sa	muel, Ad	ministrator #	z		
	Fiscal Agent			M	1edic	caid Co	st Reimb	ursement Analy	sis		
	Contract Man	agement						·			
	Permanent Fi	ile									
	Program Dev	elopment:									
	For	information Only (No Change in rate)	)								



688693100 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Rollingaroomont i or Bio	m ratoo i	<u> </u>	1011	<u> </u>	10114010			
The	The Brevard Health Alliance, Inc			Provider Number : 688693100						
				Г	Date: 10/04/2019					
527	'0 Babcock St N	IE .		F	isca	l Year End : N	I/A			
Pal	m Bay, FL 3290	054616		P	Audit	Status : N/A				
Pro	vider Type:				С	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				146.11	148.30	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rat	e T	уре	:				
		Budget		X		Prospecti	ive			
-		Unaudited costs				 Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Brevard								
	Distribution			W.	Ryde	ell Samuel, Ad	ministrator #	?		
	Fiscal Agent						ursement Analys	sis		
	Contract Mana	agement					,			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	ı							



688693102 - 2019/10

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

Tallahassee, Florida 32308

	5 111 141	Au.					000000100				
ın	e Brevard Healtr	n Alliance - Hickory		Provider Number : 688693102							
				_		0/04/2019					
	Silver Palm Ave			Fiscal Year End : N/A							
Me	elbourne, FL 329	9013231		Αι	ıdit St	atus : N/A					
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				146.11	148.30	10/01/2019			
	Hospid	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :	7	R	ate Ty	pe :	1					
Į		_J Budget		X	•	∟ Prospect	ive				
		Unaudited costs				_ Total Pro					
		Desk audited costs				_	ive Adjusted for	New costs			
		Field audited costs				_ `	•				
		Medicare - Prospective				– Interim					
	Χ	Payment System Rate				– Total Inte	erim				
		Average Nursing Home Rate				– Settleme	nt based on cost	ts			
•		Brevard				_					
	Distribution	<u>:</u>		W.R	vdell \$	Samuel, Ad	ministrator #	~			
	Fiscal Agent						ursement Analy	sis			
	Contract Mana	agement					,				
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)	)								



688693106 - 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

		-	Medicaid Reimbursement Per L	Diem Rates for	NO	n-institutiona	<u>i Providers</u>					
Th	e Brevar	d Health	Alliance - County Clinic		Provider Number : 688693106							
					Dat	e: 10/04/2019	)					
220	) Barton	Blvd, Ur	nit C14		Fiscal Year End : N/A							
Ro	ckledge	, FL 329	55		Audit Status : N/A							
Pro	ovider T	уре:				Current Rate	New Rate	Effective Date				
		Rural H	lealth Clinic				·					
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers			146.1	1 148.30	10/01/2019				
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	50)								
		#65	1a / H5L Routine Home Care (6	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Ca	re - SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	7	Rate	Тур	e :						
Ì			Budget		Χ	Prospe	ctive					
•			Unaudited costs			Total P	rospective					
			Desk audited costs			Prospe	ctive Adjusted for	New costs				
			Field audited costs									
•			Medicare - Prospective			Interim						
		X	Payment System Rate			Total In	terim					
			Average Nursing Home Rate			Settlem	ent based on cos	ts				
			Brevard									
	Distr	ibution:	<u> </u>	I	V.Ry	dell Samuel, A	administrator /	z				
	Fiscal	Agent		_			nbursement Analy					
	Contra	act Mana	agement									
	Perma	anent File	е									
	Progra	am Deve	lopment:									



688693108 - 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

		-	modical Rollingaroomont For B	ioiii itatoo		1011 1	- Iotitutional	10110010			
Th	e Brevar	d Health	Alliance - BHA Intl Mobile Unit		F	Provid	ler Number :	688693108			
						Date :	10/04/2019				
22	) Barton	Blvd, U	nit C14		Fiscal Year End : N/A						
Ro	ckledge	, FL 329	55		P	\udit \$	Status : N/A				
Pre	ovider T	уре:				Cu	irrent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				146.11	148.30	10/01/2019		
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-60	0)							
		#65	i1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Ra	ite T	ype :					
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Brevard								
	Distr	ibution	<u> </u>		W.	Rvdel	l Samuel, Ad	ministrator #	?		
	Fiscal	Agent						oursement Analys	sis		
	Contra	act Mana	agement				-	<b>,</b>			
	Perma	anent File	е								
	Progra	am Deve	elopment:								



688693112 - 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

		-	medicaid Neillibursement Fer Di	em Nates 10	1 140	<u> </u>	illulionari	FIOVILLEIS				
Th	e Breva	d Health	Alliance - N. Washington Ave		Provider Number : 688693112							
					Da	ate : 10	/04/2019					
50	0 N. Wa	shington	Ave., Ste 105		Fis	Fiscal Year End : N/A						
Tit	usville, F	L 32796	3		Αι	ıdit Sta	itus : N/A					
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date			
		Rural F	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				146.11	148.30	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60	)				,				
		#65	1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	e - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	]	Rate	Ту	pe :	]					
			Budget		Χ		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	ts			
			Brevard				_					
	Distr	ibution:		1 \	V.R	ydell S	amuel, Ad	ministrator #	~			
	Fiscal	Agent		_				ursement Analys	sis			
	Contr	act Mana	gement			_		,				
	Perma	anent File	e									
	Progr	am Deve	lopment:									



688693114 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Bre	evard Hea	alth Allia	nce			Pro	vider	Number :	688693114			
						Dat	e : 10	0/04/2019				
77	5 Malaba	r Rd				Fiscal Year End : N/A						
Ма	labar, FL	32950				Auc	dit Sta	atus : N/A				
Pro	ovider Ty	/pe:					Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					146.11	148.30	10/01/2019		
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)									
		#65	1a / H5L Routine Home Care (61 +	.)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	- SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Bas	is :		R	ate	Тур	e :	1				
L			Budget			X		⊐ Prospecti	ive			
-			- Unaudited costs					– Total Pro	spective			
•			Desk audited costs					- Prospecti	ive Adjusted for	New costs		
-			Field audited costs					-				
-			Medicare - Prospective					- Interim				
	X	(	Payment System Rate					_ Total Inte	erim			
•			Average Nursing Home Rate					Settleme	nt based on cos	ts		
-			Brevard					_				
	Distril	bution:	I		V	V.Ry	dell S	Samuel, Ad	ministrator	Σ		
	Fiscal	Agent			N	1edic	aid C	ost Reimb	ursement Analy	rsis		
	Contra	ct Mana	gement									
	Perma	nent File	)									
	Progra	m Devel	opment:									
		For in	formation Only (No Change in rate)									



688693119 - 2019/10

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

Tallahassee, Florida 32308

		Medicaid Neillibursement Fer D	delli Nates IOI I	NOII-III	stitutionai	FIOVIUEIS				
Bre	evard Health	Alliance - Sarno	F	Provider Number : 688693119						
				Date: 10/04/2019						
PC	Box 1137		F	Fiscal Year End : N/A						
Me	lbourne, FL	329021137	,	Audit St	atus : N/A					
Pr	ovider Type	:		Curi	ent Rate	New Rate	Effective Date			
	Ru	ıral Health Clinic								
	Sv	ving-Bed Provider								
	X Fe	derally Qualified Health Centers			146.11	148.30	10/01/2019			
	Но	spice Provider								
		#651 / H51 Routine Home Care (1-6	0)							
		#651a / H5L Routine Home Care (61	1 +)							
		#652 / H52 Continuous Home Care								
		#0551 / 0561 Continuous Home Car	re - SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
	Basis	 :	Rate T	vpe :	7					
١		I Budget	X		_l Prospect	ive				
•		 Unaudited costs	-		_ Total Pro					
,		 Desk audited costs				ive Adjusted for	New costs			
		Field audited costs			_ `	-				
,		Medicare - Prospective			_ Interim					
	Х	Payment System Rate			– Total Inte	erim				
•		Average Nursing Home Rate			– Settleme	nt based on cost	ts			
•		 Brevard	-		_					
	Distribut	tion:		Rvdell S	Samuel Ad	Iministrator #	~			
	Fiscal Age					oursement Analys				
	Contract I	Management	IVIC	Siodia (	2 301 1 (011710	Join one / mary	<del>.</del>			
	Permaner	<b>G</b>								
	Program I	Development:								
	_	· For information Only (No Change in rat	te)							
		· · · · · · · · · · · · · · · · · · ·	,							



688693121 - 2019/10

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

Tallahassee, Florida 32308

		Modicala Kollingarcollicit i or bio	m raioo r	<u> </u>		<u> </u>	10110010				
The	Brevard Hith A	Iliance- Cocoa		Provider Number : 688693121							
				[	Date: 10/04/2019						
722	27 North US Hw	y 1		F	Fiscal Year End : N/A						
Cod	coa, Fl 32927			1	Audit Status : N/A						
Pro	vider Type:				С	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				146.11	148.30	10/01/2019			
	Hospid	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	-)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
Γ	Basis :	7	Rat	e T	уре	:					
_		 Budget		X	(	Prospecti	ive				
_		Unaudited costs				 Total Pro	spective				
_		Desk audited costs				Prospect	ive Adjusted for	New costs			
_		Field audited costs									
_		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
_		Average Nursing Home Rate				Settleme	nt based on cost	S			
_		Brevard									
	Distribution			W.	.Ryde	ell Samuel, Ad	ministrator #	·			
	Fiscal Agent						ursement Analys	sis			
	Contract Mana	agement					,				
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



689693600 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Kellibursellielit Fer Dielli	ivales ioi	INU	<u>II-IIISIIIU</u>	lionar	FIOVIUEIS			
Pa	ncare of Florida			Provider Number : 689693600						
				Dat	e: 10/04	/2019				
230	9 E. 15th Stree	t		Fisc	Fiscal Year End : N/A					
Pa	nama City, FL 3	32405		Auc	dit Status	: N/A				
Pro	ovider Type:				Current	Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				127.59	129.51	10/01/2019		
	Hospid	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care - S	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :		Rate	Тур	e :					
ן נ		□ Budget		X	 Pr	ospect	ive			
-		Unaudited costs			Tc	tal Pro	spective			
-		Desk audited costs			Pr	ospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective			Int	terim				
	Χ	Payment System Rate			To	otal Inte	erim			
-		Average Nursing Home Rate			Se	ettleme	nt based on cos	ts		
-		 Bay								
	Distribution	<u> </u> <u> </u>	V	V.Ry	dell Sam	uel, Ad	ministrator #	z		
	Fiscal Agent		N	/ledic	aid Cost	Reimb	ursement Analy	sis		
	Contract Mana	agement					·			
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



689693603 - 2019/10

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

Tallahassee, Florida 32308

					··· ····	Zu.i.Oiiui				
Par	ncare of Florida,	, Inc.		Provider Number : 689693603						
Dei	ntal			D	Date: 10/04/2019					
707	′ Jenks Ave., Sเ	uite A		Fi	Fiscal Year End : N/A					
Par	nama City, FL 3	324012586		Αı	udit St	atus : N/A				
Pro	vider Type:				Curi	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				127.59	129.51	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	<b>+</b> )							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	. Ty	pe :	7				
		Budget		Χ		⊐ Prospect	ive			
-		Unaudited costs				– Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				_ Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
_		 Bay				_				
	Distribution		,	N.R	lydell (	Samuel, Ad	ministrator #	2		
	Fiscal Agent		_				oursement Analy	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



689693604 - 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

			Wedicaid Neillibursement Fer	Dieili Nates 10	1 140	11-1113	litutionai	FIOVIU <del>CI S</del>				
Pa	nCare o	of Florida	- Santa Rosa Bch		Provider Number : 689693604							
CH	IC - Wa	lton Cou	nty		Date: 10/04/2019							
36	1 Greer	nway Tra	il		Fis	Fiscal Year End : N/A						
Sa	nta Ros	sa Beach	, FL 32401		Au	dit Sta	ntus : N/A					
Pre	ovider <sup>-</sup>	Туре:				Curre	ent Rate	New Rate	Effective Date			
		Rural	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers				127.59	129.51	10/01/2019			
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-	60)								
		#6	51a / H5L Routine Home Care (6	61 +)								
		#6	52 / H52 Continuous Home Care	<b>;</b>								
		#0	551 / 0561 Continuous Home Ca	are - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
	Ва	asis :	7	Rate	Тур	e:	]					
•			Budget		Χ		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate Walton				Settleme -	nt based on cos	S			
	Dist	ribution	<u>:</u>	V	V.Ry	dell S	amuel, Ad	ministrator #	~			
	Fisca	al Agent		<u></u>	Лedi	caid C	ost Reimb	oursement Analys	sis			
	Cont	ract Man	agement									
	Perm	nanent Fi	le									
	Program Development:											



689693605 - 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

		•									
Pa	nCare of	Florida	- Bruce			Provider Number : 689693605					
						Date	e : 10/04	/2019			
43	I Oak Av	/e.				Fisc	al Year l	End : N	/A		
Pa	nama Ci	ty, FL 3	2401			Aud	it Status	: N/A			
Pro	vider T	уре:				(	Current	Rate	New Rate	Effective Date	
		Rural H	Health Clinic								
		Swing-	-Bed Provider								
	X	Federa	ally Qualified Health Centers					127.59	129.51	10/01/2019	
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61 -	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Bas	sis :		Rat	е -	Туре	<b>ə</b> :				
•			Budget		)	X	Pr	ospecti	ve		
•			Unaudited costs				To	tal Pro	spective		
•			Desk audited costs				Pr	ospecti	ve Adjusted for	New costs	
•			Field audited costs								
•			Medicare - Prospective				Int	terim			
		X	Payment System Rate				To	tal Inte	rim		
•			Average Nursing Home Rate				Se	ettleme	nt based on cos	ts	
•			Walton								
	Distri	bution	<u> </u>		W	/.Rvc	dell Sam	uel, Ad	ministrator #	ζ	
	Fiscal	Agent							ursement Analy	 sis	
	Contra	act Mana	agement								
	Perma	anent Fil	е								
	Progra	am Deve	elopment:								



689693607 - 2019/10

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Tallahassee, Florida 32308

		Modrodia Rombardomont For Bro	min itatoo i	<u> </u>	1011 1	- Inditidational	10110010				
Pa	ncare of Florida	- Bristol		Provider Number : 689693607							
				Date: 10/04/2019							
43′	I Oak Ave			F	iscal	Year End : N	I/A				
Pa	nama City, FL 3	32401		P	Audit Status : N/A						
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				127.59	129.51	10/01/2019			
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
ſ	Basis :		Rat	e T	ype :	: ]					
<u></u>		Budget		X		 Prospect	ive				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
_		Average Nursing Home Rate				Settleme	nt based on cos	ts			
		Liberty									
	Distribution			W.I	Rvde	II Samuel, Ad	ministrator #	ζ			
	Fiscal Agent						oursement Analy	sis			
	Contract Man	agement									
	Permanent Fi	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



689693609 - 2019/10

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

Tallahassee, Florida 32308

Pai	nCare of Florida	- Blountstown		Prov	vider Number :	689693609					
				Date	e : 10/04/2019						
43´	I Oak Ave			Fiscal Year End : N/A							
Pa	nama City, FL 3	32401		Audit Status : N/A							
Pro	ovider Type:				Current Rate	New Rate	Effective Date				
	· · · · · · · · · · · · · · · · · · ·	Health Clinic		$\dashv$		11011111111					
	Swing	-Bed Provider									
		ally Qualified Health Centers			127.59	129.51	10/01/2019				
		ce Provider		$\dashv$							
		51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +)	)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care -	SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
[	Basis :		Rate	Туре	e :						
L		I Budget		X	I Prospect	ive					
-		Unaudited costs			Total Pro	spective					
-		Desk audited costs			Prospect	ive Adjusted for	New costs				
-		Field audited costs									
-		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
-		Average Nursing Home Rate			Settleme	nt based on cost	ts				
-		Calhoun									
	Distribution	<u> </u>	W	/.Ryc	dell Samuel, Ad	Iministrator #	~				
	Fiscal Agent		_			oursement Analys	sis				
	Contract Mana	agement				·					
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)									



689693611 - 2019/10

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

Tallahassee, Florida 32308

Pa	ncare c	of Florida -	Bonifay			Pro	vider	Number :	689693611	
						Dat	te : 10	/04/2019		
43 <sup>-</sup>	1 Oak A	√ve				Fisc	cal Ye	ear End : N	I/A	
Pa	nama C	City, FL 32	2401			Auc	dit Sta	itus : N/A		
Pro	ovider	Туре:					Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					127.59	129.51	10/01/2019
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-60)							
		#65	1a / H5L Routine Home Care (61 +	-)						
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Care	- SIA						
		#65	5 / H55 Inpatient Respite Care							
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
ſ	Ва	asis :	]	F	Rate	Тур	e :	]		
L			Budget	<u> </u>		X		J Prospecti	ive	
-			Unaudited costs					- Total Pro	spective	
•			Desk audited costs					- Prospecti	ive Adjusted for	New costs
•			Field audited costs					_		
-			Medicare - Prospective					- Interim		
		Χ	Payment System Rate					- Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cos	ts
-			Holmes					_		
	Dist	ribution:	I		V	V.Ry	dell S	amuel, Ad	ministrator	ζ
	Fisca	al Agent			N	1edic	caid C	ost Reimb	ursement Analy	sis
	Cont	ract Mana	gement							
	Perm	nanent File	e							
	Prog	ram Deve	lopment:							
		For in	nformation Only (No Change in rate)							



689693612 - 2019/10

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

Tallahassee, Florida 32308

Pai	Pancare of Florida - Chipley				Provider Number : 689693612							
					Date: 10/04/2019							
431	Oak A	ve			Fiscal Year End : N/A							
Pai	nama C	ity, FL 32	2401		Audit Status : N/A							
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic						'			
		Swing-l	Bed Provider									
	X	Federal	lly Qualified Health Centers				127.59	129.5	1 10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60)									
		#65	1a / H5L Routine Home Care (61 +	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	- SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	]	Rate	Тур	oe :						
<u></u>			Budget		Χ		⊐ Prospect	ive				
-			Unaudited costs	-			– Total Pro	spective				
-			Desk audited costs				Prospect	ive Adjusted for	New costs			
-			Field audited costs				_					
-			Medicare - Prospective				_ Interim					
		Χ	Payment System Rate				Total Inte	erim				
_			Average Nursing Home Rate				Settleme	nt based on cos	sts			
_			Washington				_					
	Distr	ibution:		V	V.Rv	/dell S	Samuel, Ad	ministrator a	 R			
	Fiscal	Agent		_				ursement Analy	/sis			
	Contr	act Mana	gement					ĺ				
	Perma	anent File	9									
	Progr	am Devel	lopment:									
		For in	nformation Only (No Change in rate)									



689693615 - 2019/10

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

Tallahassee, Florida 32308

Pa	PanCare of Florida- Port St Joe			Provider Number : 689693615							
				Date: 10/04/2019							
403	3 11th St			Fiscal Year End : N/A							
Ра	nama City, Fl 3	2401		Audit	Status : N/A						
Pro	ovider Type:			С	urrent Rate	New Rate	Effective Date				
	Rural	Health Clinic				1					
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers			127.59	129.51	10/01/2019				
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)					<u>'</u>				
	#6	51a / H5L Routine Home Care (61 +	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
[	Basis :		Rate	Туре	:						
ι		 Budget		X	—— Prospect	ive					
•		Unaudited costs			Total Pro	spective					
•		Desk audited costs			Prospect	ive Adjusted for	New costs				
•		Field audited costs									
•		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
•		Average Nursing Home Rate			Settleme	nt based on cos	ts				
•		Gulf									
	Distribution		V	/.Ryde	ell Samuel, Ad	ministrator #	ζ				
	Fiscal Agent					oursement Analy	sis				
	Contract Mana	agement				•					
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate)	)								



689693617 - 2019/10

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

Tallahassee, Florida 32308

PanCare of Florida-Wewahitchka				Provider Number : 689693617							
					Da	Date: 10/04/2019					
403	3 E. 1111	th St			Fis	cal Y	ear End : N	/A			
Pai	nama Ci	ty, FI 32	401		Au	dit Sta	atus : N/A				
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	lly Qualified Health Centers				127.59	129.51	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)								
		#65	1a / H5L Routine Home Care (61 +	-)							
		2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
#659 Room and Board											
	Bas	sis :	]	Rate	Тур	oe :	7				
<u></u>			Budget		Χ		⊐ Prospecti	ve			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				Prospecti	ve Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				_ Interim				
	)	X	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cos	ts		
			Gulf								
	Distri	bution:		V	V.Ry	/dell S	Samuel, Ad	ministrator Tr			
	Fiscal Agent		Medicaid Cost Reimbursement Analysis								
	Contra	act Mana	gement					•			
	Perma	nent File	)								
	Progra	am Devel	opment:								
		For in	formation Only (No Change in rate)								



689693619 - 2019/10

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

Tallahassee, Florida 32308

						ouiloilai l				
Pai	PanCare of Florida-Carrabelle			Provider Number : 689693619						
				С	Date: 10/04/2019					
403	3 E. !!th St			Fiscal Year End : N/A						
Pai	nama City, FI 3	2401		А	Audit	Status : N/A				
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				127.59	129.51	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	- SIA								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6									
ſ	Basis :		Rate	• T	ype	 :				
<u></u>		 Budget		Χ		Prospecti	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospecti	ive Adjusted for	New costs		
-		Field audited costs	-							
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Franklin								
	Distribution	<u>.                                    </u>	,	N.F	Rvde	ell Samuel, Ad	ministrator #	?		
	Fiscal Agent		-				ursement Analy	sis		
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



689693621 - 2019/10

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

Tallahassee, Florida 32308

		Modical Rolling at Compiler 1 of Dic	m ratoo r	<u>,, ,, ,</u>	1011 1	<u> </u>	10114010			
Par	PanCare of Florida-Panama City			Provider Number : 689693621						
				С	Date: 10/04/2019					
412	26 Independent	Dr		F	iscal	l Year End : N	I/A			
Ма	rianna, Fl 3244	8		A	Audit	Status : N/A				
Pro	vider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				127.59	129.51	10/01/2019		
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6									
ſ	Basis :		Rate	• Ty	ype :	: ]				
		 Budget		Х		Prospecti	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospecti	ive Adjusted for	New costs		
_		Field audited costs	-							
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Jackson								
	Distribution		,	W.F	Rvde	ell Samuel, Ad	ministrator #	?		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Mana	agement					,			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



692957500 - 2019/10

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

Tallahassee, Florida 32308

	•	Medicaid Keiliburseillent Fer Dien	i ivales ioi	INO	11-1113	illulional i	TOVILLEIS			
No	North Florida Med. Ctr - Taylor Medical			Pro	vider	Number :	692957500			
				Date: 10/04/2019						
255	W. River Road			Fis	cal Ye	ear End : N	/A			
We	wahitchka, FL 3	32465		Aud	dit Sta	itus : N/A				
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing-	Bed Provider								
	X Federa	Illy Qualified Health Centers				114.79	116.52	10/01/2019		
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care -	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
ſ	Basis :		Rate	Тур	e :	]				
<b>ַ</b>		 Budget		X		∟ Prospecti	ve			
-		Unaudited costs				- Total Pro	spective			
-		Desk audited costs				Prospect	ve Adjusted for	New costs		
-		Field audited costs				-				
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
_		Average Nursing Home Rate				Settleme	nt based on cost	s		
_		Taylor				_				
	Distribution		V	V.Ry	dell S	amuel, Ad	ministrator #			
	Fiscal Agent		_				ursement Analys	sis		
	Contract Mana	agement					·			
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



692990700 - 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

Es	Escambia Community Clinics				Provider Number : 692990700					
				Da	ate: 10/04/2019					
220	00 N. Pala	fox St		Fis	Fiscal Year End : N/A					
Ре	nsacola, F	L 32514		Au	dit Sta	tus : N/A				
Pro	ovider Typ	oe:			Curre	nt Rate	New Rate	Effective Date		
	F	Rural Health Clinic								
	5	Swing-Bed Provider								
	X F	ederally Qualified Health Centers				134.26	136.27	10/01/2019		
	ŀ	lospice Provider								
		#651 / H51 Routine Home Care (1-60)								
		#651a / H5L Routine Home Care (61 +	)							
		#652 / H52 Continuous Home Care								
		#0551 / 0561 Continuous Home Care -	SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
	Basis	s:	Rate	Тур	e :					
,		Budget		X		Prospecti	ve			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospecti	ve Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	rim			
•		Average Nursing Home Rate				Settleme	nt based on cost	s		
•		Escambia				•				
	Distrib	ution:	V	V.Rv	dell S	amuel. Ad	ministrator #	<u> </u>		
	Fiscal A	gent	_				ursement Analys	 sis		
	Contrac	t Management								
	Perman	ent File								
	Progran	n Development:								



692990702 - 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

<u>Medicaid Reimbursement Per Die</u>				nem Rate	S TOT INC	on-inst	<u>itutionai i</u>	<u>Providers</u>			
Es	scambia Community Clinics, Inc.				Provider Number : 692990702						
Sa	nta Ros	a Comm	unity Clinic		Date: 10/04/2019						
220	00 North	n Palafox	Street		Fiscal Year End : N/A						
Pe	nsacola	, FL 325	01		Αι	udit Stat	tus : N/A				
Pro	ovider 1	Гуре:				Curre	nt Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				134.26	136.27	10/01/2019		
		Hospic	e Provider								
		#651 / H51 Routine Home Care (1-60)									
		#65	i1a / H5L Routine Home Care (6	l +)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Ca	re - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
ſ	Ва	sis :	1	F	Rate Ty	pe:					
٠			Budget		Х		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
-			Field audited costs								
•			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	is		
•			Escambia								
	Distr	ibution	<u>.</u>		W.R	vdell Sa	amuel, Ad	ministrator	~		
	Fisca	l Agent				-		ursement Analys			
	Contr	act Mana	agement					,			
	Perm	anent File	е								
Program Development:											



692990704 - 2019/10

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

Tallahassee, Florida 32308

				<b></b>		oa.ioiiai				
Esc	Escambia Community Clinics, Inc			Provider Number : 692990704						
					Date : 10/04/2019					
220	00 N. Palafox St	reet		F	iscal	Year End : N	I/A			
Pe	nsacola, FL 325	501		A	Audit	Status : N/A				
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				134.26	136.27	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	- SIA								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rat	e T	ype :	 :				
<u></u>		Budget		X		Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
_		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Flagler								
	Distribution			W.I	Rvde	II Samuel, Ad	ministrator #	ζ		
	Fiscal Agent						ursement Analy	sis		
	Contract Man	agement								
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



692990705 - 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

		-	Medicaid Neillibursement Fer Di	em ivales ic	1 11	011-1113	litutionari	FIOVILLEIS		
Es	cambia	Commun	nity Clinics, Inc.		Pı	Provider Number : 692990705				
La	nza Ped	iatrics			D	ate: 10/04/2019				
22	00 N. Pa	alafox Str	reet		Fi	iscal Ye	ear End : N	I/A		
Pe	nsacola	, FL 325	01		Αı	udit Sta	itus : N/A			
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	Ily Qualified Health Centers				134.26	136.27	10/01/2019	
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-60	)				,		
		#65	61a / H5L Routine Home Care (61	+)						
	#652 / H52 Continuous Home Care									
		551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :	]	Rate	Ту	pe :				
			Budget		Χ		Prospect	ive		
			Unaudited costs				Total Pro	spective		
			Desk audited costs				Prospect	ive Adjusted for	New costs	
			Field audited costs				_			
			Medicare - Prospective				Interim			
		X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	ts	
			Escambia				_			
	Distr	<u>ibution:</u>	<u> </u>	1 ,	W.R	Rydell S	amuel, Ad	ministrator #	~	
	Fiscal	Agent		_				ursement Analys	sis	
	Contra	act Mana	agement				_	,		
	Perma	anent File	е							
	Progra	am Deve	elopment:							



692990706 - 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

			Medicaid Neilliburseilleilt Fer D	ieiii ivales io	i ivo	11-11131	itutionai	FIOVILLEIS			
Es	scambia Community Clinics, Inc.					Provider Number : 692990706					
Lal	keview I	Medical (	Clinic		Da	Pate: 10/04/2019					
220	00 N. Pa	alafox St	reet		Fis	cal Ye	ar End : N	I/A			
Pe	nsacola	, FL 325	501		Au	dit Sta	tus : N/A				
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				134.26	136.27	10/01/2019		
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	0)							
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Car	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
ſ	Ва	sis :	]	Rate	тур	e :	]				
٠			□ Budget		Χ		Prospect	ive			
-			Unaudited costs				- Total Pro	spective			
-			Desk audited costs				- Prospect	ive Adjusted for	New costs		
•			Field audited costs				-				
•			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate				Settleme	nt based on cost	S		
•			Escambia				_				
	Distr	ibution	·		N.Rv	dell S	amuel. Ad	ministrator #			
		l Agent		_				ursement Analys			
	Contr	act Mana	agement	·							
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



692990710 - 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

<u>Medicaid Reimbursement Per Dien</u>					ites for N	ion-ins	titutionai	<u>Providers</u>				
Es	scambia Community Clinics Inc				Provider Number: 692990710							
Fire	st Steps	Pediatri	cs		D	Date: 10/04/2019						
220	00 North	n Palafox	Street		Fi	Fiscal Year End : N/A						
Pe	nsacola	, FL 325	011723		А	udit Sta	atus : N/A					
Pro	vider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Illy Qualified Health Centers				134.26	136.27	10/01/2019			
		Hospic	ce Provider									
		#651 / H51 Routine Home Care (1-60)										
		#65	51a / H5L Routine Home Care (6	1 +)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Ca	re - SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
ſ	Ва	ısis :			Rate Ty	/pe :	7					
Ī			Budget	_	Х		Prospect	ive				
•			Unaudited costs	_			Total Pro	spective				
•			Desk audited costs	_			Prospect	ive Adjusted for	New costs			
•			Field audited costs				_					
-			Medicare - Prospective				Interim					
		Χ	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate Escambia	_			Settleme	nt based on cost	s			
	Distr	ibution	<u> </u>		W.F	Rydell S	Samuel, Ad	ministrator #	~			
	Fisca	l Agent			Med	dicaid C	Cost Reimb	ursement Analys				
	Contr	act Mana	agement									
	Perm	anent Fil	е									
Program Development:												



692990714 - 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

		•	modicala Rombal comont i or bi	om rates n	<u> </u>	011 1110	<u> </u>	TOTIGOTO			
Es	Escambia Community Clinics				Provider Number : 692990714						
					Date: 10/04/2019						
22	00 North	Palafox	Street		Fiscal Year End : N/A						
Pe	nsacola	FL 325	011723		Αι	udit Sta	itus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				134.26	136.27	10/01/2019		
		Hospic	e Provider								
		#65	i1 / H51 Routine Home Care (1-60	)							
		#65	11a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	е Ту	pe:					
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Escambia								
	Distr	ibution:	<u> </u>	1	W.R	ydell S	amuel, Ad	ministrator #	~		
	Fiscal	Agent						ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	lopment:								



692990716 - 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

			Medicald Neillibursement Per	Dieili Nates IO	1 110	<u>II-IIISIIIU</u>	<u>tionai i</u>	FIOVILLEIS			
Esc	scambia Community Clinic					Provider Number : 692990716					
Wa	terfront	Rescue	Mission		Dat	Date : 10/04/2019					
220	00 Nortl	h Palafox	Street		Fis	cal Year	End : N	I/A			
Pe	nsacola	, FL 325	505		Aud	dit Status	: N/A				
Pro	vider 7	Гуре:				Current	Rate	New Rate	Effective Date		
		Rural	Health Clinic					ı			
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				134.26	136.27	10/01/2019		
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-	60)							
	#651a / H5L Routine Home Care (61 +										
		#6	52 / H52 Continuous Home Care	)							
		#0	551 / 0561 Continuous Home Ca	are - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
[	Ва	nsis :	7	Rate	Тур	e :					
١			Budget		Χ	 Pr	ospecti	ive			
-			Unaudited costs			To	otal Pro	spective			
-			Desk audited costs			Pr	ospect	ive Adjusted for	New costs		
-			Field audited costs								
-			Medicare - Prospective			In	terim				
		Χ	Payment System Rate			To	otal Inte	erim			
-			Average Nursing Home Rate			Se	ettleme	nt based on cost	is		
			Escambia								
	Distr	ribution	<u>:</u>	I	V.Rv	dell Sam	uel. Ad	ministrator	?		
	Fisca	l Agent		_				ursement Analys	sis		
	Contr	act Man	agement				_	<b>,</b> .			
	Perm	anent Fil	le								
Program Development:											



692990718 - 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 D	iem R	ates for I	Non-In	<u>stitutional</u>	<u>Providers</u>				
Es	cambia	Commun		Provider Number : 692990718								
EC	C Wom	en's Hea	lth		Date: 10/04/2019							
14	W. Jord	lan Stree	t		F	iscal \	ear End : N	I/A				
Ре	nsacola	, FL 325	01		P	Audit S	tatus : N/A					
Pro	ovider 1	уре:				Cur	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Illy Qualified Health Centers				134.26	136.27	10/01/2019			
		Hospic	e Provider									
		#651 / H51 Routine Home Care (1-60)										
	#651a / H5L Routine Home Care (61			+)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Car	e - SI	4							
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	7		Rate T	ype :						
•			Budget	-	Х		Prospect	ive				
•			Unaudited costs	-			Total Pro	spective				
•			Desk audited costs	-			Prospect	ive Adjusted for	New costs			
•			Field audited costs	-			<del></del>					
•			Medicare - Prospective	-			 Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	ts			
			Escambia									
	Distr	ibution:	<u>.</u>	Į	W.I	Rydell	Samuel, Ad	ministrator #	~			
	Fisca	l Agent						oursement Analy				
Contract Management						.,						
Permanent File												
	Progr	am Deve	elopment:									



692990721 - 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

		Medicald Neillibursement Fer D	rieiii ivales iui	140	<u>/11-11131</u>	itutionai i	IOVIU <del>CIS</del>				
Es	cambia Co	mmunity Clinics		Pro	rovider Number : 692990721						
EC	C at Canto	nment Pediatrics		Da	ate: 10/04/2019						
14	W Jordan	Street		Fis	iscal Year End : N/A						
Pe	nsacola, Fl	L 32501		Au	udit Status : N/A						
Pro	ovider Typ	e:			Curre	ent Rate	New Rate	Effective Date			
	R	ural Health Clinic									
	s	wing-Bed Provider									
	X F	ederally Qualified Health Centers				134.26	136.27	10/01/2019			
	Н	ospice Provider									
		#651 / H51 Routine Home Care (1-6	0)								
		#651a / H5L Routine Home Care (61	l +)								
		#0551 / 0561 Continuous Home Car	re - SIA								
		#655 / H55 Inpatient Respite Care									
		#659 Room and Board									
	Basis	::	Rate	Тур	oe :	]					
'		Budget		Χ		Prospecti	ve				
•		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospecti	ve Adjusted for	New costs			
•		Field audited costs				-					
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	rim				
•		Average Nursing Home Rate				Settleme	nt based on cost	ts			
•		Alachua				-					
	Distribu	<u>ution:</u>	_I	۷.R۱	ydell S	amuel. Ad	ministrator #	~			
	Fiscal A	gent	_				ursement Analys	sis			
	Contract	Management					,				
	Permane	ent File									
	Program	Development:									



692990722 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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

			<u>Medicaid Reimbursement Per L</u>	nem Rates for	Non-	institutionai	<u>Providers</u>					
Es	cambia	Commui	ty Clinics		Provider Number : 692990722							
EC	C at W	eis Elem			Date: 10/04/2019							
270	01 N "Q	" St			Fiscal Year End : N/A							
Pe	nsacola	a, Fl 325	05		Audit	Status : N/A						
Pro	ovider <sup>-</sup>	Туре:			C	urrent Rate	New Rate	Effective Date				
		Rural	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers			134.26	136.27	10/01/2019				
		Hospid	ce Provider									
		#6	51 / H51 Routine Home Care (1-6	60)								
		#6	51a / H5L Routine Home Care (6	1 +)								
		#6	52 / H52 Continuous Home Care									
		#0	551 / 0561 Continuous Home Ca	re - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
	Ва	asis :	7	Rate	Туре	:						
٠			Budget		X	Prospect	ive					
•			Unaudited costs			Total Pro	spective					
•			Desk audited costs			Prospect	ive Adjusted for	New costs				
•			Field audited costs									
			Medicare - Prospective			Interim						
		Χ	Payment System Rate			Total Inte	erim					
			Average Nursing Home Rate			Settleme	nt based on cost	is				
•			Escambia									
	Dist	ribution	<u>:</u>	I	V.Ryde	ell Samuel, Ad	Iministrator	~				
	Fisca	l Agent		_			oursement Analys					
	Cont	ract Mana	agement				,					
	Perm	anent Fil	le									
	Prog	ram Deve	elopment:									



692990725 - 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

		-	Medicald Neillibursement Per	Dieili Nates it	1 14	011-1113	litutionari	FIOVIUEIS				
Es	cambia (	Comm C	linics		Pr	rovider	Number :	692990725				
EC	C at Cer	ntury Pe	diatrics		Da	ate : 10	ite: 10/04/2019					
50	1 Church	St			Fi	Fiscal Year End : N/A						
Се	ntury, FI	32535			Αι	udit Status : N/A						
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				134.26	136.27	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-	60)								
		#65	1a / H5L Routine Home Care (6	61 +)								
	#652 / H52 Continuous Home Care			<b>;</b>								
		51 / 0561 Continuous Home Ca	are - SIA									
		#65	55 / H55 Inpatient Respite Care									
		66 / H56 General Inpatient Care										
		#65	9 Room and Board									
	Bas	sis :	7	Rate	Ту	pe:	7					
,			Budget		Χ		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
	)	X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Escambia									
	Distri	bution:	<u> </u>		V.R	ydell S	Samuel, Ad	ministrator #	,			
	Fiscal	Agent		_				ursement Analys	sis			
	Contra	act Mana	agement					,				
	Perma	nent File	е									
	Progra	am Deve	elopment:									



692990728 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

				<del>,</del>						
EC	C Urgent Care			F	Provid	der Number :	692990728			
				С	Date	: 10/04/2019				
14	W Jordan Stree	t		Fiscal Year End : N/A						
Pe	nsacola, FL 325	501		Α	Audit	Status : N/A				
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				134.26	136.27	10/01/2019		
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care -									
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :	7	Rat	e T	уре	 : ]				
<u></u>		 Budget	<u> </u>	Х		 Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	s		
-		 Escambia								
	Distribution			W.I	Ryde	ell Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analy	sis		
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)	)							



692990732 - 2019/10

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

Tallahassee, Florida 32308

Esc	cambia	Communi	ity Clinics		Pro	ovider	Number :	692990732	
					Da	te : 10	0/04/2019		
537	75 N 9th	Avenue			Fis	cal Y	ear End : N	I/A	
Pe	nsacola	FL 3250	04		Au	dit Sta	atus : N/A		
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						'
		Swing-l	Bed Provider						
	X	Federal	lly Qualified Health Centers				134.26	136.27	10/01/2019
		Hospic	e Provider						
		#65 <sup>-</sup>	1 / H51 Routine Home Care (1-60)						
		#65 <sup>-</sup>	1a / H5L Routine Home Care (61 +	-)					
	#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care								
		- SIA							
		#65	5 / H55 Inpatient Respite Care						
		#65	6 / H56 General Inpatient Care						
	#659 Room and Board								
	Ва	sis :	]	Rate	Тур	e :	7		
<u></u>			Budget		Χ		⊐ Prospect	ive	
-			Unaudited costs	-			– Total Pro	spective	
-			Desk audited costs				Prospect	ive Adjusted for	New costs
-			Field audited costs				_		
-			Medicare - Prospective				_ Interim		
		X	Payment System Rate				Total Inte	erim	
_			Average Nursing Home Rate				Settleme	nt based on cos	ts
_			Escambia				_		
	<u>Distribution:</u>		V	V.Ry	dell S	Samuel, Ad	ministrator M	Z.	
	Fiscal	Agent						ursement Analy	rsis
	Contra	act Mana	gement					•	
	Perma	anent File	)						
	Progra	am Devel	opment:						
		For in	formation Only (No Change in rate)						



693564800 - 2019/10

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

Tallahassee, Florida 32308

		Medicaid Kellibursellielit Fer Dielli	Nates IOI	IVOI	i-iii5titutioiiai	FIOVILLEIS	
Noi	th Florida Med	Ctr - Crestview Med Center		Prov	vider Number :	693564800	
				Date	e: 10/04/2019		
535	John Knox Rd			Fisc	al Year End : N	I/A	
Tal	lahassee, FL 32	2303		Aud	it Status : N/A		
Pro	vider Type:			(	Current Rate	New Rate	Effective Date
	Rural I	Health Clinic					
	Swing	-Bed Provider					
	X Federa	ally Qualified Health Centers			114.79	116.52	10/01/2019
	Hospic	ce Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +)					
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care - S	SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	56 / H56 General Inpatient Care					
	#65	59 Room and Board					
Г	Basis :	<u> </u>	Rate	Type	<u> </u>		
L		_l Budget		X	Prospect	ive	
-		Unaudited costs			 Total Pro		
-		Desk audited costs			Prospect	ive Adjusted for	New costs
-		Field audited costs					
-		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
-		Average Nursing Home Rate			Settleme	nt based on cost	s
_		Okaloosa					
	Distribution	<u>.</u>	W	V.Rvc	dell Samuel, Ad	ministrator #	<u> </u>
	Fiscal Agent		_			ursement Analys	sis
	Contract Mana	agement				,	
	Permanent Fil	е					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



693564804 - 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

		-	Medicaid Neillibursement Fer Di	eiii Nates i	<u> </u>	INOII	·iiistitutioiiai	FIOVIGEIS				
No	rth Flori	da Medic	al Centers-Shalimar		F	Provi	ider Number :	693564804				
					[	Date	: 10/04/2019					
28	04 Remi	ngton Gr	een Cir Ste 2		F	Fisca	iscal Year End : N/A					
Та	llahasse	e, FL 32	23081550		A	Audit	udit Status : N/A					
Pr	ovider T	уре:				С	urrent Rate	New Rate	Effective Date			
		Rural F	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Ily Qualified Health Centers				114.79	116.52	10/01/2019			
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60	)								
		#65	1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
	#0551 / 0561 Continuous Home Care -											
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	]	Rat	e T	уре	:					
			Budget		X	(	Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs									
			Medicare - Prospective				Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Okaloosa									
	Distr	ibution:		<u>I</u>	W.	.Ryde	ell Samuel, Ac	Iministrator #				
	Fiscal	Agent						oursement Analys	sis			
	Contra	act Mana	agement					,				
	Perma	anent File	е									
	Progra	am Deve	lopment:									



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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

		-	Medicaid Kellibursellielit Fer Di	em Nates 10	1 140	<u> </u>	ilulionai	FIOVILLEIS			
No	rth Flori	da Medic	al Center- Wright Pkwy		Pr	ovider	Number :	693564806			
					Da	ate : 10	/04/2019				
28	04 Remi	ngton Gr	een Cir Ste 2		Fis	iscal Year End : N/A					
Та	llahasse	e, FL 32	23081550		Αι	udit Status : N/A					
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Ily Qualified Health Centers				114.79	116.52	10/01/2019		
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60	)							
		#65	1a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	]	Rate	Ту	pe:	]				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Okaloosa								
	Distr	ibution:		<u> </u>	V.R	ydell S	amuel, Ad	ministrator #	<u> </u>		
	Fiscal	Agent		_				ursement Analys	sis		
	Contra	act Mana	agement					,			
	Perma	anent File	е								
	Progra	am Deve	lopment:								



693564808 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>Medicaid Reimbursement Per Die</u>	m Rates for	NOI	<u>ı-ınstitutionai</u>	<u>Providers</u>	
No	rth Florida Medi	cal Center-Land Rd		Prov	vider Number :	693564808	
				Date	e: 10/04/2019		
280	04 Remington G	reen Cir Ste 2		Fisc	al Year End : I	N/A	
Tal	lahassee, FL 3	23081550		Aud	it Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic				·	
	Swing	-Bed Provider					
	X Federa	ally Qualified Health Centers			114.79	116.52	10/01/2019
	Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)				·	
	#6	51a / H5L Routine Home Care (61 +	-)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
ſ	Basis :	7	Rate	Туре	<b>:</b>		
ָ 		 Budget	)	X	Prospec	tive	
-		Unaudited costs			Total Pro	ospective	
-		Desk audited costs			Prospec	tive Adjusted for	New costs
-		Field audited costs					
•		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
-		Average Nursing Home Rate			Settleme	ent based on cost	s
-		 Okaloosa	-				
	Distribution		W	/.Rvc	dell Samuel, Ad	dministrator #	~
	Fiscal Agent					oursement Analys	sis
	Contract Man	agement					
	Permanent Fi	le					
	Program Dev	elopment:					
	For	information Only (No Change in rate)					



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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 Reillibursement Fer Dielli	i itales ioi	INOI	<u></u>	<u> </u>	IOVIUEIS	
No	rth Florida Medic	cal Centers- Fort Walton		Pro	vider Numbe	r : 6	93564810	
				Dat	e : 10/04/201	9		
280	04 Remington G	reen Cir Ste 2		Fisc	al Year End	: N/	'A	
Tal	lahassee, FL 32	23081550		Aud	lit Status : N/	A		
Pro	ovider Type:				Current Rate	•	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing-	Bed Provider						
	X Federa	Illy Qualified Health Centers			114.	79	116.52	10/01/2019
	Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	51a / H5L Routine Home Care (61 +)						
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care -	SIA					
		55 / H55 Inpatient Respite Care						
		56 / H56 General Inpatient Care						
	#65	59 Room and Board						
	Basis :	7	Rate	Тур	e:			
<u></u>		Budget		Х	Prospe	ectiv	/e	
-		Unaudited costs			Total F	ros	spective	
-		Desk audited costs			Prospe	ectiv	e Adjusted for I	New costs
-		Field audited costs						
-		Medicare - Prospective			Interim	1		
	Χ	Payment System Rate			Total I	ntei	rim	
		Average Nursing Home Rate			Settler	ner	t based on cost	s
_		Okaloosa						
	Distribution	I	V	V.Ryo	dell Samuel,	Adr	ninistrator #	
	Fiscal Agent		_				ursement Analys	sis
	Contract Mana	agement					•	
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	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						