

000835600 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Dept of H	e/d/h dtleat	Osceola Co	Health Dent
rionua Debi di r	realui u/b/a	OSCEDIA CO.	mealth Debt.

Provider Number: 000835600

Date: 09/28/2016

105 Doverplum Ave.

Fiscal Year End: N/A

Kissimmee, FL 347583309

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

133.12

134.59

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	Osceola		_
Distributio	n:	W Rydell S	Samuel, Administrator

	Osceola	
Distribution:		
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



000952900 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Department of Health
Citrus County Health Departmen
3700 W. Sovereign Path

Lecanto, FL 34461

Lecanio, FL 3446

Provider Number: 000952900

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

112.52 113.76 10/01/2016

	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
-		Citrus		-

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

W.Rydell Samuel, Administrator



Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

001182600 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FoundCare, Inc.		Provider Number : 001182600 Date : 09/28/2016			
2330 S. Congress Ave.		Fiscal Year End	A/N : t		
Palm Springs, FL 334067608		Audit Status : N	I/A		
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Control Hospice Provider #651 Routine Home Care #651a Routine Home Care #652 Continuous Home #652a Continuous Home #655 Inpatient Respite Care #656 General Inpatient Care	(1-60) e (61 +) care Care - SIA are	Current Rate	New Rate 3 133.3	Effective Date 38 / 10/01/2016	
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospectiv X Payment System Rate Average Nursing Hom Palm Beac	re e e e e e e e e e e e e e e e e e e	Total Pros		ed for New costs	
Distribution: Fiscal Agent Contract Management Permanent File	-	W.Rydell Samue Medicaid Cost Ro			



001182602 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FoundCare.	Inc- N	I Palm	Reach
roundCare.	IIIC- IV	ı. Palin	Deacii

Provider Number: 001182602

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

2330 S Congress Ave

Palm Springs, Fl 33406

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

131.93

133.38 _V

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:		
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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001276200 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tamna	Family	Health	Centers.	Inc	#20
Tattiba	attille	I I c aiui	Celileis.	1110.	#420

Provider Number: 001276200

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

4422 E. Columbus Drive

Tampa, FL 336043233

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	— Hillsborough		_

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

W.Rydell Samuel, Administrator



001718300 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			<u>Medicaid Reimbursement Per D</u>	iem Rates fo	<u>r Non-Inst</u>	<u>itutior</u>	<u>al Providers</u>	
Heart of Florida Health Center, Inc.		Provider Number: 001718300						
					Date : 09	/30/20	16	
102	1025 SW 1st Ave.				Fiscal Ye	ar End	: N/A	
Ocala, FL 344710900 Provider Type:		Audit Status : N/A						
			Current	Rate	New Rate	Effective Date		
		Rural H	lealth Clinic					
		Swing-	Bed Provider					
	X	Federa	lly Qualified Health Centers			120.22	2 121.5	4 10/01/2016
		Hospic	e Provider					
		#65	1 Routine Home Care (1-60)					
		#65	1a Routine Home Care (61 +)					
		#65	2 Continuous Home Care					
		#65	2a Continuous Home Care - SIA	١				
		#65	5 Inpatient Respite Care					
		#65	6 General Inpatient Care					
		#65	8 Room and Board					
[[R	asis :	7	Rate	Type:	1		
L		4313 .	Budget	Little	X] Prosp	ective	
-			- Unaudited costs			- '	Prospective	
-			Desk audited costs			_	ective Adjusted	I for New costs
-			Field audited costs			-	.co.ivo / lajabloo	
-			_			-		

	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	Marion	
Distribution	on:	W.Rydell Samuel, Administrator
Fiscal Agen	t	Medicaid Cost Reimbursement Analysis
Contract Ma	anagement	
Permanent	File	
Program De	evelopment:	

For information Only (No Change in rate)



001718304 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicala Reimbarochiener er Biem Rac	CO TOT TOTT THORICALION	ar i ioviacio			
Heart of Florida Health Center - Reddick			Provider Number : 001718304 Date : 09/30/2016			
1025 SW	/ 1st Ave.	Fiscal Year End	: N/A			
Ocala, FL 344710900		Audit Status : N/A				
Provider	· Type:	Current Rate	New Rate	Effective Date		
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers	120.22	121.54	10/01/2016		
	Hospice Provider					
	#651 Routine Home Care (1-60)					
	#651a Routine Home Care (61 +)					
	#652 Continuous Home Care					
	#652a Continuous Home Care - SIA					
	#655 Inpatient Respite Care					
	#656 General Inpatient Care					
	#658 Room and Board					

			٦
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
	 Marion		_
Distributio	<u>n:</u>	W.Rydell \$	Samuel, Administrator

Distribution:	W.Rydell Samuel, Administrator
Fiscal Agent	Medicaid Cost Reimbursement Analysis
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rate)	



001718306 - 2016/10

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

Tallahassee, Florida 32308

	Medicaid Reimbursement Per Di	em Rates for	Non-Institution	nal Providers		
Heart of Florida Health Center - Belleview		Provider Number: 001718306				
		Date: 09/30/2016				
1025 SW 1st Ave. Ocala, FL 344710900 Provider Type:			Fiscal Year End	I : N/A		
			Audit Status : N	/A		
			Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers		120.22	2 121.54	10/01/2016	
	Hospice Provider					
	#651 Routine Home Care (1-60)					
	#651a Routine Home Care (61 +)					
	#652 Continuous Home Care					
	#652a Continuous Home Care - SIA					
	#655 Inpatient Respite Care					
	#656 General Inpatient Care					
	#658 Room and Board					
B	asis:	Rate	Type:			
	Budget	Kate		ective		
	Unaudited costs			Prospective		
	Desk audited costs			ective Adjusted	for New costs	
	Field audited costs					

	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
	Marion	
<u>Distribution</u>	on:	W.Rydell Samuel, Administrator
Fiscal Agen	nt	Medicaid Cost Reimbursement Analysis
Contract Ma	anagement	
Permanent	File	
Program De	evelopment:	
Fo	or information Only (No Change in rate)	



001718308 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Ocala East	Provider Number : 001718308
Marion County Health Department	Date: 09/30/2016
1025 SW 1st Ave.	Fiscal Year End : N/A

Ocala, FL 344710900 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers 120.22 121.54 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	1
	 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
	 Marion		_

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

W.Rydell Samuel,	Administrator



001718311 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Marion Oaks	Provider Number: 001718311
heart of Florida Health Center - Marion Caks	Provider Number . 0017 16511

Date: 09/30/2016

1025 SW 1st Ave Fiscal Year End : N/A

Ocala, FL 344710900 Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

120.22

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

121.54

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	J 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
	 Marion		_

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



001718313 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center	Provider Number: 001718313
Ocala West Family Medicine	Date: 09/30/2016
1025 SW 1st Ave	Fiscal Year End : N/A

Ocala, FL 344710900 Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

Fis	cal Year E	End : N/A	

121.54

Current Rate New Rate

120.22

Medicaid Cost Reimbursement Analysis

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

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	_			_		_

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



001718315 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 09/30/2016

1025 SW 1st Ave Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Ocala, Fl 34471

Current Rate New Rate Effe

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

120.22

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

121.54

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:	1	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
	 Marion		_

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



001718317 - 2016/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicaid Neimbursement Fer Diem	Trates for Non-institutional Providers				
Heart of F	Florida Health Center-Dunnellon	Provider Number : 001718317				
		Date: 09/30/2016				
1025 SW	1st Ave	Fiscal Year End : N/A				
Ocala, Fl	34471	Audit Status : N/A				
D. Maria						
Provider	×	Current Rate New Rate Effective Date				
	Rural Health Clinic					
	Swing-Bed Provider					
Х	Federally Qualified Health Centers	120.22 121.54 10/01/2016				
	Hospice Provider					
	#651 Routine Home Care (1-60)					
	#651a Routine Home Care (61 +)					
	#652 Continuous Home Care					
	#652a Continuous Home Care - SIA					
	#655 Inpatient Respite Care					
	#656 General Inpatient Care					
	#658 Room and Board					
	The same of the sa					
	asis:	Rate Type :				
	Budget	X Prospective				
	Unaudited costs	Total Prospective				
	Desk audited costs	Prospective Adjusted for New costs				
	Field audited costs					
		Interim				
	Medicare - Prospective	Interim Total Interim				
	X Payment System Rate	Total Interim				
	Average Nursing Home Rate	Settlement based on costs				
	Marion					
Die	tribution:	W.Rydell Samuel, Administrator				
	al Agent					
	tract Management	Medicaid Cost Reimbursement Analysis				
	manent File					
	gram Development:					
	For information Only (No Change in rate)					



003407902 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers Community AIDS Resource, Inc. Provider Number: 003407902 Care Resource Date: 09/28/2016 3510 Biscayne Blvd, Ste 300 Fiscal Year End: N/A Miami, FL 33137 Audit Status: N/A **Provider Type:** Current Rate New Rate **Effective Date Rural Health Clinic Swing-Bed Provider** X **Federally Qualified Health Centers** 145.22 146.82/ 10/01/2016 **Hospice Provider** #651 Routine Home Care (1-60) #651a Routine Home Care (61 +) #652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board

Basis:		Rate Type :			
	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		
	Dade		_		
Distributio	<u>on:</u>	W.Rydell	Samuel, Administrator		
Fiscal Agent	t	Medicaid	Medicaid Cost Reimbursement Analysis		
Contract Ma	nagement				
Permanent I	File				
Program De	evelopment:				
Fo	r information Only (No Change in rate)				



003407905 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Miami, FL 33137

Provider Number: 003407905

Current Rate New Rate

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

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

145.22 146.82 / 10/01/2016

Basis :	7	Rate Type :	1
	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
	Dade		_

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

W.Rydell Samuel, Administrator



003407907 - 2016/10

Effective Date

146.82 / 10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource Care Resource at Oakland Park 3510 Biscayne Blvd Ste 300

Miami, FL 33137

Provider Number: 003407907

Current Rate New Rate

145.22

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

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		 Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	- Broward		-
		<u> </u>	

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

W.Ryd	lell Sam	nuel, Adı	ministrator



003407909 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource
Care Resource at Meridian Ave
3510 Biscayne Blvd
Miami, FL 33137

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

Provider Number: 003407909

Current Rate New Rate

145.22

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Provider Type:

Distribution:

Permanent File

Contract Management

Program Development:

Fiscal Agent

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

146.82

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
	 Dade		_



006558500 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Network of Monroe Count	Rural	Health	Network of	Monroe	County
--------------------------------------	-------	--------	------------	--------	--------

Provider Number : 006558500

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

1200 Kennedy Drive, Suite 2011

Key West, FL 330404023

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

138.55

140.08

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Γ	Basis :	7	Rate	Type:]
_		Budget		Х	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
_		Monroe			_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator



006608600 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Cononic	Community	Hoolth
Genesis	Community	Health

Boynton Beach, FL 334356033

Provider Number: 006608600

Date: 09/28/2016

564 E. Woolbright Road

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

131.93

133.38 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

7	Rate Type :	1
Budget	X	Prospective
Unaudited costs		Total Prospective
Desk audited costs		Prospective Adjusted for New costs
Field audited costs		-
Medicare - Prospective		Interim
Payment System Rate		Total Interim
Average Nursing Home Rate		Settlement based on costs
— Palm Beach		_
	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate

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

W.Rydell Samuel, Administrator



006608601 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_			
Genesis	Community	Health.	- Roca

Provider Number: 006608601

Date: 09/28/2016

Fiscal Year End: N/A

131.93

Audit Status: N/A

564 E. Woolbright Road

Boynton, FL 334356033

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date
---------------------	-----------------	-----------------------

133.38

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		_

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

W.Rydell	Samuel,	Administ	trator



006608603 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Conocio	Community	Hoolth	no	Dolrov
Genesis	COMMINICALITY	nealli	II IC	Dellav

Provider Number: 006608603

Date: 09/28/2016

Fiscal Year End: N/A

131.93

Audit Status: N/A

564 E Woolbright Road

Boynton Beach, FL 334356033

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

133.38

10/01/2016

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
	Palm Beach	<u> </u>	-

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

A	·/

_____ For information Only (No Change in rate)

Program Development:



006608605 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

•	^			~.
Genesis	Commu	ınıtv He	alth-6th	St

Provider Number: 006608605

Current Rate New Rate

131.93

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

2623 S Seacrest Blvd

Provider Type:

Boynton Beach, FI 33435

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

133.38

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
	Palm Beach		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)



008037100 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County	Provider Number: 008037100
HCD Lantana Primary Care Clinic	Date: 09/28/2016
1250 Southwinds Drive	Fiscal Year End : N/A

Lantana, FL 334621459

133.38

Audit Status: N/A

Current Rate New Rate

131.93

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	1	Rate Type :	1
	Budget	×	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		_

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

W.Rydell Samuel, Administrator



008037102 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County
HCD West Palm Beach Primary Care Clinic
2601 10th Avenue North, Suite 100

Palm Springs, FL 334613133

Provider Number: 008037102

Current Rate New Rate

131.93

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

133.38

Basis :		Rate Type :	
	Budget	×	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		-

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

W.Rydell Samuel, Administrator



008037104 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County
HCD Belle Glade Primary Care Clinic
2601 10th Avenue North, Suite 100

Palm Springs, FL 334613133

Provider Number: 008037104

Current Rate New Rate

131.93

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

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

133.38 🗸

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		_

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

W.Rydell Samuel, Administrator	1
Medicaid Cost Reimbursement A	nal



008037106 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County

HCD Delray Primary Care Clinic

2601 10th Avenue North, Suite 100

Palm Springs, FL 334613133

Provider Number: 008037106

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Basis:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

131.93	133.38⁄	10/01/2016

	· ·		1
	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		_
Distributio	<u>on:</u>	W.Rydell	Samuel, Administrator
Fiscal Agen	t	Medicaid	Cost Reimbursement Analysis
Contract Ma	anagement		
Permanent	File		
Program De	evelopment:		
Fo	or information Only (No Change in rate)		

Rate Type :

008037108 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings, Inc

C L Brumback Primary Care Clinic

2601 10th Ave N Ste 100

Palm Springs, FL 33461

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 008037108

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate

Effective Date

131.93

133.38 / 10/01/2016

Basis :		Rate Type :]
	Budget	×	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		-

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



008037110 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Distri	ct CI	inic l	Hol	din	a
ひらいい	~ ~	11 110 1		ulli	ч

Provider Number: 008037110

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

131.93

2601 10th Ave N

Palm Springs, FL 33461

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current	Rate	New Rate	Effective Date

133.38 🗸

10/01/2016

Basis :	7	Rate Type :	1
	 Budget	Х	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		_

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

W.Rydell Samuel, Administrator



008037112 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings Inc
C.L. Brumback Primary Care Clinics
2601 10th Ave N Ste 100

West Palm Beach, FI 33461

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider	Number:	008037	112
----------	---------	--------	-----

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

Current Rate New Rate Effective Date

131.93

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

133.38 / 10/01/2016

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
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Palm Beach		_

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



008037114 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

D: 4-1-4	O!!-!-	11 12	01-1-	D 1 00
DISTRICT	Clinic	Holdings	s-State	Ra 80

Provider Number: 008037114

Date: 09/28/2016

2601 10th Ave North

Fiscal Year End: N/A

Palm Springs, FI 33461

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

131.93

133.38 < 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



008037118 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings-10th ave
CL Brumback Primary Care Clinic

2601 10th Ave North

Palm Springs, FI 33461

Provider Number: 008037118

Current Rate New Rate

131.93

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

133.38 ✓

Basis :	つ	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		-

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

W.Rydell Samuel, Administrator



008560700 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Dier	n Rates for Non-Ins	<u>titution</u>	al Providers	
Florida Department of Health		Provider Number: 008560700			
Lake Cou	ke County Health Department Date : 09/28/2016				
PO Box 1	1305	Fiscal Ye	Fiscal Year End : N/A		
Tavares,	FL 32778	Audit Sta	Audit Status : N/A		
Provider	Туре:	Curren	t Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
x	Federally Qualified Health Centers		112.94	114.18	10/01/2016
	Hospice Provider				
	#651 Routine Home Care (1-60)				
	#651a Routine Home Care (61 +)				
	#652 Continuous Home Care				
	#652a Continuous Home Care - SIA				
	#655 Inpatient Respite Care				
	#656 General Inpatient Care				
	#658 Room and Board				
E	Basis:	Rate Type :	7		
	Budget	×	Prosp	ective	
	Unaudited costs		_ Total	Prospective	
	Dock audited costs		- Prosn	activa Adjusted	for New costs

	5	
	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
	Lake	
Distribution	<u>on:</u>	W.Rydell Samuel, Administrator
Fiscal Ager	nt	Medicaid Cost Reimbursement Analysis
Contract Ma	anagement	
Permanent	File	
Program De	evelopment:	
E	or information Only (No Change in rate)	



010433900 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Dept of Health in Saras	-4-
-1	Debt of Health in Saras	ดเล

Provider Number: 010433900

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

2200 Ringling Blvd

Sarasota, FL 342376102

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

129.32

130.75 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	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
	Sarasota		_

Distribution:		
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



010739700 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Diem Rat	es for Non-Institution	al Providers					
Empower U Inc		Provider Numbe	Provider Number : 010739700					
@ Northside Shopping center		Date: 09/28/201	Date: 09/28/2016					
7900 NW 27th Ave, Ste 234B		Fiscal Year End	Fiscal Year End : N/A					
Miami, FL 331474909		Audit Status : N/A						
Provider Type:		Current Rate	New Rate	Effective Date				
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers	139,69	141.23	√ 10/01/2016				
	Hospice Provider							
	#651 Routine Home Care (1-60)							
	#651a Routine Home Care (61 +)							
	#652 Continuous Home Care							
	#652a Continuous Home Care - SIA							
	#655 Inpatient Respite Care							
	#656 General Inpatient Care							
	#658 Room and Board							

Basis :	7	Rate Type :	7			
	Budget	Х	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			
	Dade		_			
tributio	<u>n:</u>	W.Rydell	Samuel, Administrator			
cal Agent		Medicaid	Medicaid Cost Reimbursement Analysis			

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



010762301 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		ا	<u>Medicaid Reimbursement Per Di</u>	em Rates fo	r Non-In	stitutio	nal Prov	<u>/iders</u>		
Community Health of South Florida				Provider Number: 010762301						
Tavernier				Date: 09/28/2016						
103	10300 SW 2016th Street				Fiscal Year End : N/A					
Mia	Miami, FL 331901003				Audit Status : N/A					
Provider Type:				Current Rate New Rate Effective D					ective Date	
		Rural H	ealth Clinic							
		Swing-l	Bed Provider							
	X	Federal	lly Qualified Health Centers			149.37	7	151.01	1	10/01/2016
		Hospic	e Provider							
		#65	1 Routine Home Care (1-60)							
		#65	1a Routine Home Care (61 +)							
		#65	2 Continuous Home Care							
		#65	2a Continuous Home Care - SIA							
		#65	5 Inpatient Respite Care							
		#65	6 General Inpatient Care							
		#65	8 Room and Board							
[Bas	sis :]	Rate	Туре :					
•			Budget		Х	Prosp	ective			
•			Unaudited costs			Total	Prospe	ctive		
•			Desk audited costs			Prosp	ective A	Adjusted 1	for N	lew costs
•			Field audited costs							
•			Medicare - Prospective		_	Interi	m			
)	Κ	Payment System Rate			Total	Interim			
			Average Nursing Home Rate			Settle	ement ba	ased on o	osts	;
			Monroe							
	<u>Distri</u>	bution:		1	W.Rydell	Samuel	, Admini	istrator	R	/
Fiscal Agent			_	Medicaid Cost Reimbursement Analysis						
	Contra	ect Mana	gement						-	

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

______ For information Only (No Change in rate)



010762302 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Beckford/Richmond Elementary
10300 SW 216th Street

Miami, FL 331901003

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Audit Status: N/A

Current Rate New Rate Effective Date

149.37 151.01 / 10/01/2016

Basis :			Rate Type :	7
	Budget	Ι΄	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
	 Dade	'		_

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

W.Rydell Samuel, Administrator



010762307 - 2016/10

Effective Date

10/01/2016

State of Florida Office of 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 Irving & Beatrice Peskoe K-8 Center 10300 SW 216th Street

Miami, FL 331901003

Provider Number: 010762307

Current Rate New Rate

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

151.01

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

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



010762315 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Gateway Environmental K-8 Center
10300 SW 216th Street

Miami, FL 33190

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 010762315

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate

Effective Date

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

151.01 / 10/01/2016

Basis :		Rate Type :	7
	Budget	X	Prospective
<u> </u>	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
	 Dade		_

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



010762326 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida Zora Neale Hurston Elementary 10300 SW 216th Street

Miami, FL 331901003

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 010762326

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate **Effective Date**

149.37

151.01 / 10/01/2016

Basis :	一	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
	 Dade		-

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

W.Rydell Samuel, Administrator



010762334 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hith o	ot S.	FI-Gou	lds	Elem
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Provider Number: 010762334

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 SW 216th St

Miami, Fl 33190

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	1	Rate Type :	
	Budget	×	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
	 Dade		_

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



010762336 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Hlth	of S	Fl-Rent	Tree	Flem
		UI O	.ri-beiii	nee	

Provider Number: 010762336

Date: 09/28/2016

10300 SW 216th St

Fiscal Year End: N/A

Miami, FI 33190

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis:	1	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		-
L				

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

W.Rydell Samuel, Administrator



010762338 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Hith of S	Fl-Mariory	Stoneman	Douglas	Flem
	THUI OF S.	ri-iviai jui y	Stuffernan	Douglas	

Provider Number: 010762338

Date: 09/28/2016

10300 SW 216th St

Fiscal Year End: N/A

Miami, Fl 33190

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 149.37

151.01 \(\square \) 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	 Dade		_
Distribution	<u>:</u>	W.Rydell S	Samuel, Administrator

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



010762341 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

•			EL OOIL	•
Community	Hith	of S.	.FI-8Uth	St

Provider Number: 010762341

Date: 09/28/2016

10300 SW 216th St

Fiscal Year End: N/A

Miami, St 33190

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

149.37

Medicaid Cost Reimbursement Analysis

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	 Dade		_
Distribution	n·	M Dydall 9	Samuel Administrator

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



010762345 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hith of S.FI-132nd Ave					
LOMMUNITY HITN OF SIEL 132NO AVE	C :4.	. 4 -	-10	EI 400	1 1
	u.ommunity	HITT	α	PI-13/	ING AVE

Provider Number: 010762345

Date: 09/28/2016

10300 SW 216th St

Fiscal Year End: N/A

Miami, FI 33190

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic **Swing-Bed Provider**

X **Federally Qualified Health Centers** 149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	١r	Rate Type :	7
	Budget	-	Х	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
	Dade	-		_
Distribution	<u> </u>	L	W.Rydell S	Samuel, Administrator
T:I A				

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



010762346 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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i .ommijni	iv Healin	$\cap I \rightarrow$	FIORIGA-IV	vv zna	 T

Provider Number: 010762346

Date: 09/28/2016

10300 SW 216th St

Fiscal Year End: N/A

Miami, FI 33190

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 149.37

Medicaid Cost Reimbursement Analysis

151.01 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	7
	Budget	×	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
	 Dade		
istributio	<u>n:</u>	W.Rydell S	Samuel, Administrator

D	<u>is</u>	<u>tri</u>	b	u	<u>ti</u>	0	<u>n:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:



010762349 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida-SW 2nd S	St
---	----

Provider Number: 010762349

Date: 09/28/2016

10300 SW 216th St

Fiscal Year End: N/A

Miami, FI 33190

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :]
	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
	 Dade		

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

W.Rydell Samuel, Administrator



010930500 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

O 1			•	01:11:1		
center	tor	Family	Č.	Child	Enrichment,	inc.

Provider Number: 010930500

Date: 09/28/2016

1825 NW 167th Street, Suite 102

Fiscal Year End: N/A

Miami Gardens, FL 330564838

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

140.57

142.12√ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	 Dade		_

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

W.Rydell Samuel, Administrator



010946400 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 010946400

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider Current Rate New Rate Effective Date

X Federally Qualified Health Centers

106.60

107.78 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	[Rate Type :]
		`	×	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
	Union			
		<u> </u>		

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

W.Rydell Samuel, Administrator



010946402 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

=1	DOH	Union	County-	Temple

Provider Number: 010946402

Date: 09/28/2016

1801 N Temple Ave

Fiscal Year End: N/A

Audit Status: N/A

Starke, FL 320911960

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

106.60

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

107.78√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Bradford		-
7847		. <u>.</u>	

<u>D</u>	<u> 15</u>	<u>tr</u>	<u> 1t</u>	<u>J</u> L	<u>ıtı</u>	0	<u>n:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:



013881900 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community	Health Center	Inc-Coral	Gables

Provider Number: 013881900

Date: 09/28/2016

6100 Blue Lagoon Dr Ste 400

Fiscal Year End: N/A

Miami, FL 331262080

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

138.55

140.08 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



013881902 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center #2
Banyan Health Systems, Inc
6100 Blue Lagoon Dr Suite 400

Miami, FL 331262080

Basis:

Fis

Fiscal Year End : N/A Audit Status : N/A

Date: 09/28/2016

Current Rate New Rate

138.55

Provider Number: 013881902

Effective Date

10/01/2016

140.08 √

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Budget

Rate Type :	7
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

	X	Payment System Rate				
_		Average Nursing Home Rate				
		Dade				
			L			
	Distribution:					
	Fiscal Agent					
	Contract Mana	gement				
	Permanent File)				
	Program Deve	opment:				
	For ir	formation Only (No Change in rate)			

W.Rydell Samuel, Administrator



013881903 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per Dier	m Rates for	r Non-Inst	titution	al Providers		
Banyan Community Health Center				Provider Number : 013881903				
Banyan H	Banyan Health Systems			Date : 09	/28/20	16		
6100 Blu	e Lagoon [)r		Fiscal Ye	ar End	: N/A		
Miami, F	L 3312620	80		Audit Sta	itus : N	/A		
Provider Type:			Current	Rate	New Rate	Eff	fective Date	
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
X	Federa	lly Qualified Health Centers			138.55	140.	08/	10/01/2016
	Hospic	e Provider						
	#65	1 Routine Home Care (1-60)						
	#65	1a Routine Home Care (61 +)						
	#65	2 Continuous Home Care						
	#65	2a Continuous Home Care - SIA						
	#65	5 Inpatient Respite Care						
	#65	6 General Inpatient Care						
	#65	8 Room and Board						
E	Basis :	1	Rate	Type :]			
		Budget		Х	ے Prosp	ective		
		Unaudited costs			Total	Prospective		
		Desk audited costs			Prosp	ective Adjuste	d for N	New costs
		Field audited costs			-			
		Medicare - Prospective			- Interir	n		
	X	Payment System Rate			Total	Interim		
		Average Nursing Home Rate			Settle	ment based or	n costs	s
		Dade			_			
 Dis	tribution:		V	V.Rydell S	amuel,	Administrator	F	·
Fisc	cal Agent		_			imbursement A	/ v	iis

Contract Management

Permanent File

Program Development:



014789100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Mamaria	طفاحمالا	Custom
_ee	Memoria	ıı Healtin	Svstem

Provider Number: 014789100

Date: 09/28/2016

16451 Healthpark Commons Dr Ste 200

Fiscal Year End: N/A

Ft. Myers, FI 33908

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

109.27

110.47√ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	Lee		-

Distribution :
Fiscal Agent
Contract Manageme

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

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Program Development:



014789102 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Memorial	1 1141-	0	<u> </u>	A
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ᆫᆫ	IVICITIONAL	1 1141	OVSICITIE	Cabc	Oula

Provider Number: 014789102

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 2147

Fort Myers, FI 33902

Provider Type: Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers X

109.27

110.47 / 10/01/2016

Effective Date

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :]
	Budget	×	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
	 Lee		_
5°50			

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

W.Rydell Samuel, Administrator



014789104 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

١	Memoria		Custom	# 1
Lee	Memoria	ו חונוו	System-	#14

Provider Number: 014789104

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 2147

Provider Type:

Fort Myers, FI 33902

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

rederally Qualified fleatiff Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

109.27 110.47 10/01/2016

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
	_ Lee		

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

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Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator



017234400 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Comm Hlth Ctr-King St	Provider Number : 017234400

Date: 09/28/2016

120 King St Fiscal Year End : N/A

Jacksonville, FI 32204 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers 119.12 120.43√ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :	•
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
Duval		_

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Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator



017234402 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Community Health-Jacksonville	Provider Number: 017234402
igapo community modifi backcommo	11011001110011001102

Date: 09/28/2016

Fiscal Year End: N/A

5150 Timuquana Rd

Jacksonville, FI 32210 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers 119.12 120.43√ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	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
	Duval		_

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Distribution:	
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For information Only (No Change in rate)

W.Rydell Samuel, Administrator



017234404 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Anana	Comm	Hith	Ctr-Edgewood Ave	
Agape	Comm	Hiti	Cir-Eddewood Ave	

Provider Number: 017234404

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

120 King St

Jacksonville, FI 32204

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

119.12

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

120.43 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	 Duval		_

Fiscal Agent

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Program Development:



017234406 - 2016/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate		
Jacksonville, Fl 32208	Audit Status : N/A		
5300 N Pearl St	Fiscal Year End : N/A		
Magnolia Project Clinic	Date: 09/28/2016		
Agape Comm Hith Ctr	Provider Number: 017234406		

Swing-Bed Provider

Rural Health Clinic

X Federally Qualified Health Centers

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Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:

Fiscal Year End : N/A Audit Status : N/A						
Current Rate	New Ra	ate	Effe	ctive Date		
119.12	2	120.43	, ·	10/01/2016		

	Budget	×	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
	Duval		
Distribution	on:	W.Rydel	I Samuel, Administrator
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Program De	evelopment:		
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Rate Type :



027937411 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando County Health Dept
Nature Coast Community Health Center
7551 Forest Oaks Boulevard

Spring Hill, FL 34606

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 027937411

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Effective Date

124.28

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

125.65 / 10/01/2016

Basis :	7	Rate Type :]
<u> </u>	Budget	×	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
	— Hernando		-

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
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029152803 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

~			. –	
Collier H	ealth Ser	vices - M	arion ⊢	Hether

Provider Number: 029152803

Date: 09/28/2016

1454 Madison Avenue

Fiscal Year End: N/A

Immokalee, FL 33934

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers** 149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	·
	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
-	Collier		_

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W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Contract Management

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Program Development:



029152805 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier He	H- C-	 .:		NII	Madiaal	C+-
Culler H	eaiin Se	ivices -	⊏ası	navies	Medicai	Ou.

Provider Number: 029152805

Date: 09/28/2016

1454 Madison Avenue

Fiscal Year End: N/A

Immokalee, FL 33962

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers X

149.37

151.01/ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis:			Rate Type :	
_		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
-		Collier			=
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Fiscal Agent

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Contract Management

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Program Development:



029152806 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Calliar Hith	Svc-Golden	Cato D	odiatrica	
Comer mun	Svc-Golden	Gate P	eciaines	

Provider Number: 029152806

Date: 09/28/2016

1454 Madison Ave

Fiscal Year End: N/A

Immokalee, FI 34116

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:
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Contract Management
Permanent File
Program Development:
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029152807 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Collier	Hith	Svc-Childrens	Hith	Network

Provider Number: 029152807

Date: 09/28/2016

1454 Madison Ave

Fiscal Year End: N/A

Immokalee, FI 34103

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029152809 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier	Hith	Svc-Marco	Island	Padiatrics
CUIIIEI	THUL	SVC-IVIAI CU	isianu	reulaulus

Provider Number: 029152809

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

1454 Madison Ave

Immokalee, FI 34145

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

149.37 151.01./ 10/01/2016

	Basis :			Rate Type :	
•		Budget	_	Х	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
_		 Collier	-		_

<u>Distribution:</u>
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Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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029152810 - 2016/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier HIth Svc- Immokalee FCC	Provider Number: 029152810

Date: 09/28/2016

Audit Status: N/A

1454 Madison Ave Fiscal Year End: N/A Immokalee, FI 34142

Provider Type: Current Rate New Rate **Effective Date**

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers** 149.37 151.01 🗸 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
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029506001 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

		<u>Medicaid Reimbursement Per Die</u>	m Rates for	Non-Ins	titution	al Providers			
Trenton Medical Center, Inc.				Provider Number: 029506001					
				Date : 09	9/28/20	16			
911 S.	Main St			Fiscal Ye	ear End	: N/A			
Trentor	n, FL 32693			Audit Sta	atus : N	/A			
Provid	er Type:		Current	t Rate	New Rate	Effective Date			
	Rural H								
	Swing-l	Bed Provider							
X	•	lly Qualified Health Centers			106.13	3 107.3	30 / 10/01/2016		
		e Provider							
	-	1 Routine Home Care (1-60)							
		1a Routine Home Care (61 +)							
	#65	2 Continuous Home Care							
	#65	2a Continuous Home Care - SIA							
	#65	5 Inpatient Respite Care							
	#65	6 General Inpatient Care							
	#65	8 Room and Board							
	Basis :]	Rate	Type :	7				
		Budget		Х	_ Prosp	ective			
		Unaudited costs			- Total	Prospective			
		Desk audited costs			- Prosp	ective Adjuste	d for New costs		
-	**	Field audited costs			_				
-		Medicare - Prospective			Interir	m			
	X	Payment System Rate			_ Total	Interim			
		Average Nursing Home Rate			Settle	ment based or	n costs		
		Gilchrist			_				
	istribution:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N Rydell S	Samuel	, Administrator	TV		
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	rogram Deve								



029506007 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

ronton	Modical	Contor	 Bradford 	ı
remon	Medical	Center	- pradiord	ı

Provider Number: 029506007

Date: 09/29/2016

911 S. Main St

Fiscal Year End: N/A

Trenton, FL 32693

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

106.13

107.30

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	1	Rate Type :	1
	J Budget - Unaudited costs - Desk audited costs	X	Prospective Total Prospective Prospective Adjusted for New costs
X	Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Gilchrist		Interim Total Interim Settlement based on costs

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Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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029506009 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Frenton Medical Center - Pediatrics				Provider Number : 020506000							
			enter - Pediatrics	Provider Number : 029506009							
TMC Pediatrics				Date : 09/29/2016							
		oung Blvo		Fiscal Year End : N/A							
Chi	efland,	FL 3262	261951		Audit Sta	atus : N	I/A				
Provider Type:					Curren	t Rate	New R	Rate	Eff	ective Date	
		Rural H	lealth Clinic								
		Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider									
	X					106.13	3	107.3	0√	10/01/2016	
		#65	51 Routine Home Care (1-60)								
		#65	51a Routine Home Care (61 +)								
		#65	52 Continuous Home Care								
		#65	52a Continuous Home Care - SIA								
		#65	55 Inpatient Respite Care								
		#65	56 General Inpatient Care								
			58 Room and Board								
[Ва	nsis :	7	Rate	Type :	7					
١			Budget		X	Prospective					
,			Unaudited costs			_ Total	Prospec	ctive			
			Desk audited costs		Prospective Adjusted for New costs						
			Field audited costs			_					
			Medicare - Prospective			– Interi	m				
		Χ	Payment System Rate	Total Interim							
			Average Nursing Home Rate	-	Settlement based on costs						
	-	-	 Levy			_					
	Dist	ribution	<u>:</u>	,	W.Rydell \$	Samuel	, Admin	istrator	R	/	
	Fisca	l Agent		-	Medicaid (Cost Re	eimburse	ement A	nalvs	sis	
	Contr	ract Mana	agement	,					,		
	Perm	anent Fil	le								
	Progr	ram Deve	elopment:								



029506011 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per Die	m Rates fo	r Non-Ins	titutior	nal Providers	<u> </u>			
Frenton Medical Center - Healthcare					Provider Number : 029506011						
гмс	ΓMC Healthcare				Date : 09/29/2016						
1 086	I. Mai	n Street			Fiscal Y	ear End	I : N/A				
Villis	ton, F	L 32696	31705		Audit Sta	atus : N	/A				
Provider Type:					Curren	t Rate	New Rate	Ef	fective Date		
	Rural Health Clinic										
		Swing-	Bed Provider								
,	X	Federa	lly Qualified Health Centers			106.13	3 10	7.30 √	10/01/2016		
		Hospic	e Provider								
		#65	11 Routine Home Care (1-60)								
		#65	1a Routine Home Care (61 +)								
		#65	2 Continuous Home Care								
		#65	2a Continuous Home Care - SIA								
#655 Inpatient Respite Care											
		#65	66 General Inpatient Care								
		#65	8 Room and Board								
	Ва	sis :	1	Rate	Type :	7					
			_l Budget		X	J Prosp	ective				
			Unaudited costs			– Total	Prospective				
			Desk audited costs			– Prosp	ective Adjus	ted for	New costs		
_			Field audited costs				-				
_			– Medicare - Prospective			– Interir	m				
		X	Payment System Rate		<u> </u>	– Total	Interim				
_			Average Nursing Home Rate			– Settle	ment based	on cost	s		
			Levy			_					
	Distr	ibution	<u> </u>	\	V.Rydell \$	Samuel	, Administrate	or #	· · · · · · · · · · · · · · · · · · ·		
	Fiscal	Agent		_			imbursemen		eis		
	Contr	act Mana	agement	'1	neuloalu (203t INE	annou semen	. Allaly:	ui0		
	Perma	anent Fil	е								
	Progr	am Deve	elopment:								



029506013 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per Die	m Rates fo	<u>r Non-Ins</u>	titutior	nal Providers			
Trenton Medical Center - Palms Pediatrics					Provider Number : 029506013 Date : 09/29/2016					
Pa	Palms Pediatrics									
PC	D Box 640)			Fiscal Year End : N/A					
Tr	enton, FL	32693	3		Audit Sta	atus : N	I/A			
Pr	Provider Type:				Curren	t Rate	New Rate	Eff	fective Date	
	Rural Health Clinic									
	Swing-Bed Provider									
	X	Federa	ally Qualified Health Centers			106.13	3 107	.30、/	10/01/2016	
		Hospi	ce Provider							
		#6	51 Routine Home Care (1-60)							
		#6	51a Routine Home Care (61 +)							
		#6	52 Continuous Home Care							
		#6	52a Continuous Home Care - SIA							
#655 Inpatient Respite Care										
		#6	56 General Inpatient Care							
		#6	58 Room and Board							
	Bas	is :		Rate	Type:	1				
			l Budget		X	_l Prosp	ective		:	
			Unaudited costs			– Total	Prospective			
			Desk audited costs			– Prosp	ective Adjust	ed for N	New costs	
			— Field audited costs			_				
			— Medicare - Prospective			– Interii	m			
	>	<	Payment System Rate			– Total	Interim			
	•		— Average Nursing Home Rate			– Settle	ement based o	n cost	S	
			— Alachua							
	Distri	bution		V	W Rydell 9	Samuel	, Administrato	r R		
	Fiscal		<u>-</u>						-	
		_	agement	Λ	Medicaid (Cost Re	eimbursement	Analys	SIS	
	Perma									
	Progra	m Dev	elopment:							



029506015 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center				Provider Number : 029506015						
Palms Medical Group					Date : 09/29/2016					
PO Box 640					Fiscal Y	ear End	: N/A			
Tre	enton, F	L 32693			Audit Sta	atus : N	I/A			
Provider Type:				Curren	t Rate	New Ra	ate l	Effective Date		
	Rural Health Clinic									
		Swing-Bed Provider								
	X	Federa	lly Qualified Health Centers			106.13	3	107.30	10/01/2016	
		Hospic	e Provider							
		#65	1 Routine Home Care (1-60)							
		#65	1a Routine Home Care (61 +)							
		#65	2 Continuous Home Care							
		#65	2a Continuous Home Care - SIA							
		#65	5 Inpatient Respite Care							
		#65	6 General Inpatient Care							
		#65	8 Room and Board							
	Ва	sis :]	Rate	Type :					
,			Budget	<u> </u>	Χ	Prosp	ective			
			Unaudited costs			– Total	Prospect	ive		
			Desk audited costs			– Prosp	ective A	djusted fo	r New costs	
			Field audited costs			_				
			Medicare - Prospective			_ Interi	m			
		Χ	Payment System Rate			_ Total	Interim			
			Average Nursing Home Rate			– Settle	ement bas	sed on co	sts	
			Bradford			_				
	<u>Distribution:</u>			١	W.Rydell S	Samuel	, Adminis	trator	R-	
	Fisca	l Agent		<u> </u>	Medicaid (Cost Re	eimburser	ment Ana	lysis	
	Contr	act Mana	gement	•					• ·-	
	Perm	anent File	e							
	Program Development:									



029506017 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number: 029506017
Palms Medical Group - High Springs	Date: 09/29/2016
911 S Main Street	Fiscal Year End : N/A

Trenton, FL 326933239 Audit Status : N/A

Provider Type: Currer	ent Rate N	lew Rate	Effective Date
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Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers 106.13 107.30 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	Alachua		_

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

W.Rvdell	Samuel.	Administrator



Permanent File

Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

029506019 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per Dier	n Rates toi	Non-Ins	titutior	iai Provider	<u>s</u>	
renton N	Medical Ce	enter IncLive Oak		Provider	Numbe	er : 0295060	19	
Palms Me	edical Gro	up		Date : 09	/29/20	16		
911 S. M	ain St			Fiscal Ye	ear End	! : N/A		
Γrenton,	FL 32693	33239		Audit Sta	atus : N	/A		
Provider	Type:			Current	Rate	New Rate	Ef	fective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
Х	Federa	ally Qualified Health Centers			106.13	3 10	7.30	10/01/2016
	Hospi	ce Provider						
	#6	51 Routine Home Care (1-60)						
	#6	51a Routine Home Care (61 +)						
	#6	52 Continuous Home Care						
	#6	52a Continuous Home Care - SIA						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care						
	#6	58 Room and Board						
					7		****	
E	Basis :	_		Type:	_			
		Budget		X	_	pective		
		Unaudited costs —			_	Prospective		
		Desk audited costs			Prosp 	pective Adjus	sted for I	New costs
		Field audited costs —						
		Medicare - Prospective			Interii 			
	Х	Payment System Rate			_	Interim		
		Average Nursing Home Rate			Settle -	ement based	on cost	S
		Taylor						
Dis	stribution	<u>ı:</u>	V	V.Rydell S	Samuel	, Administrat	tor #	×/
Fisc	cal Agent		<u></u>	Medicaid C	Cost Re	eimbursemer	nt Analy:	sis
Cor	ntract Man	agement						



Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

029506021 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

		Medicaid Reimbursement Per D	Diem Rates fo	r Non-Ins	<u>titutior</u>	<u>nal Providers</u>	•	
Tr	enton M	edical Center-Orange Park		Provider	Numbe	er : 02950602	1	
Pa	Palms Medical Group			Date: 09/29/2016				
23	343 NW	County Rd 236		Fiscal Ye	ear End	I : N/A		
Hi	gh Sprin	ngs, FI 32643		Audit Sta	atus : N	/A		
Pr	ovider ⁻	Туре:		Current	Rate	New Rate	Eff	fective Date
		Rural Health Clinic						
		Swing-Bed Provider						
	X	Federally Qualified Health Centers			106.13	3 107	′.30 €	10/01/2016
		Hospice Provider						
		#651 Routine Home Care (1-60)						
		#651a Routine Home Care (61 +)						
		#652 Continuous Home Care						
		#652a Continuous Home Care - SIA	A					
		#655 Inpatient Respite Care						
		#656 General Inpatient Care						
		#658 Room and Board						
	R:	asis:	Rate	Type:	7	-		
		Budget		X	_l Prosi	ective		
		Unaudited costs			_ `	Prospective		
		Desk audited costs			_	ective Adjust	ed for I	New costs
		Field audited costs		*.*	- '	,		ļ
		Medicare - Prospective			– Interi	m		
		X Payment System Rate			– Total	Interim		
		Average Nursing Home Rate			– Settle	ement based of	on cost	s
		Clay			_			
_								
	-	ribution:	,	W.Rydell S	Samuel	, Administrato	or A	
		al Agent	-	Medicaid (Cost Re	eimbursement	Analys	sis
		ract Management						
	Perm	nanent File						



029523001 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_			_	_		_
Suncoast	: Community	/ Health	Center -	Dover	Health	Center

Provider Number: 029523001

Date: 09/28/2016

14618 State Road 574

Fiscal Year End: N/A

Dover, FL 33527

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Χ **Federally Qualified Health Centers** 144.59

146.18

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	
	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
	– Hillsborough		_

<u>Distril</u>	<u>bution:</u>
Fiscal	Agent

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



029540000 - 2016/10

Effective Date

10/01/2016

131.55

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie	Trice Community	Health Center - Flamingo	Provider Number	. 029540000
JC331C	THE COMMITTEE	r i leakii Centei - i lannii luo	FIONIUEI INUITIDEI	. 023340000

Date: 09/28/2016

700 S. Royal Poinciana Blvd, Suite 300

Miami Springs, FL 33166

Basis:

Fiscal Year End : N/A

Current Rate New Rate

130.12

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Budget

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
Water .	_
	Interim
	Total Interim
	Settlement based on costs

X	Payment System Rate
	Average Nursing Home Rate
	Dade
Distribution:	
Fiscal Agent	
Contract Manag	gement
Permanent File	
Program Devel	opment:
For in	formation Only (No Change in rate)

W.Rydell Samuel, Administrator



029541800 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Main

Provider Number: 029541800

Date: 09/28/2016

Fiscal Year End: N/A

130.12

Audit Status: N/A

700 S. Royal Poinciana Blvd, Suite 300

Miami Springs, FL 33166

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	Now Pate	Effective Date
Current Rate	New Rate	Effective Date

131.55 √

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
	Dade	,	_

<u>Distribution:</u>	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

_ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

029541802 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	lessie	Trice	Community	/ Health	Center	- North
u	てつろに	11100	COMMINICATION	/ I I c ailii	Center	- 1101111

Provider Number: 029541802

Date: 09/28/2016

700 S. Royal Poinciana Blvd

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

130.12

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

131.55 \(\) 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Dist	trib	ut	10	<u>n:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029541804 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

J	lessie	Trice	Community	Health	Center	- Cope	North
v		11100	Community	I ICAILII	COLICE	- 0000	140101

Provider Number: 029541804

Date: 09/28/2016

700 S. Royal Poinciana Blvd Suite 300

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 130.12

131.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	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
	- Dade		-
Distribution :		W.Rydell S	samuel, Administrator

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

W	'.Rydell	Samuel,	Ad	min	istra	tor
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029541806 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Northshore	Jessie	Trice	Community	/ Health	Center -	Northshore
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Provider Number: 029541806

Date: 09/28/2016

700 S. Royal Poinciana Blvd

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

130.12

131.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	Dade		_

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

W.Rydell Samuel, Administrator



029541808 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice	Community	Health Cente	r - Norland	HCC

Provider Number: 029541808

Date: 09/28/2016

700 S. Royal Poinciana Blvd

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

130.12

131.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :
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
Dade	

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

W.Rydell Samuel, Administrator



029541810 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

منععما	Trice	Commu	nitv H	aalth	Cantar -	Charles	Draw	Flam

Provider Number: 029541810

Current Rate New Rate

130.12

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

700 S. Royal Poinciana Blvd Miami Springs, FL 33166

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

131.55

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
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		_
Distribution	i n:	W Rydell S	Samuel Administrator R

<u>Distribution:</u>	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)



029541846 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicaid Reimbursement Per Die	m Rates for Non-Institution	ai Providers
Jessie Tr	rice Community Health Center	Provider Number	er : 029541846
Norland F	Primary Health	Date: 09/28/201	16
5607 NW	/ 27th Ave, Ste 1	Fiscal Year End	: N/A
Miami, Fl	L 33142	Audit Status : N	/A
Provider	Type:	Current Rate	New Rate Effective Date
	Rural Health Clinic		
	Swing-Bed Provider		
X	Federally Qualified Health Centers	130.12	131.55./ 10/01/2016
	Hospice Provider		
	#651 Routine Home Care (1-60)		
	#651a Routine Home Care (61 +)		
	#652 Continuous Home Care		
	#652a Continuous Home Care - SIA		
	#655 Inpatient Respite Care		
	#656 General Inpatient Care		
	#658 Room and Board		
В	Basis :	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		
Distribution		W.Rydel	I Samuel, Administrator
Fiscal Agen	nt	Medicaio	Cost Reimbursement Analysis
Contract Ma	anagement		
Permanent	File		
Program De	evelopment:		
Fo	or information Only (No Change in rate)		

029541848 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - NW 37th	ι Ανε
--	-------

Provider Number: 029541848

Date: 09/28/2016

5607 NW 27th Avenue

Fiscal Year End: N/A

Miami, FL 331422826

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

130.12

131.55 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

get udited costs k audited costs		X	Prospective Total Prospective
			_
audited costs			—
			Prospective Adjusted for New costs
l audited costs			_
icare - Prospective			Interim
ment System Rate			Total Interim
age Nursing Home Rate			Settlement based on costs
Dade			_
r	icare - Prospective ment System Rate rage Nursing Home Rate Dade	ment System Rate rage Nursing Home Rate	ment System Rate rage Nursing Home Rate

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

W.Rydell Samuel, Administrator

A



029541850 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessica Trice Community Health Center- 75th Stre	
1666163 Trice Community Health Certier, 75th Sire	ρt

Provider Number: 029541850

Current Rate New Rate

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

5607 NW 27th Ave, Suite 1 Miami, FL 331422826

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

130.12	131.55	10/01/2016

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
x	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		_

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



029541852 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Innain	Trica	Comm	LIIIL	C+-	Ω_{na}	
IESSIE	111€:€	CACHINIA		V-111-	CJUH-I	CHIKA

Provider Number: 029541852

Current Rate New Rate

130.12

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

5607 NW 27th Ave Ste1

Miami, FI 33142

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

131.55√

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
	Dade		_

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

W.Rydell Samuel, Administrator



029541854 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

ı	مزععما	Trica	Community	/ Health	Ctr-Hialeah
J	iessie	Trice	Communic	v neaiiii	Cii-maleai

Provider Number: 029541854

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

5607 NW 27th Ave Miami, FI 33142

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers** 130.12

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Current Rate New Rate

131.55

10/01/2016

Effective Date

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis :		Rate Type :]
'		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
'		_ Dade		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File

Program Development:

For infe	ormation	Only	(No	Change	in	rate'
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029541856 - 2016/10

Effective Date

10/01/2016

131.55/

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

مزووما	Trice	Comm	Hlth	Ctr-71st st.
162216	HILLE	Commi		Cu-/ ISUSI.

Provider Number: 029541856

Current Rate New Rate

130.12

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

6607 NW 27th Ave

Miami, FI 33142

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#6	658 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
	 Dade		_

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



029541858 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	:-	T-:	Comm	1 1141	\sim	O	O:1.
ı	2000	IFICE	Lomm	HITD	L Tr-	Larol	(IT\/

Provider Number: 029541858

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

5607 NW 27th Ave

Miami, FI 33142

Current Rate New Rate

te

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

130.12

131.55.

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	 Dade	· · ·	_

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

W.Rydell Samuel,	Administrator
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029541860 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

ı		T-:	C	1.1146	Ctr-#60
J	lessie	Trice	Comm	HITT	Ctr-#bu

Provider Number: 029541860

Current Rate New Rate

130.12

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

5607 NW 27th Ave

Miami, FI 33142

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

131.55 🗸

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
	Dade		_

<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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029541862 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice-54th A	<i>''</i>

Provider Number: 029541862

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

5607 NW 27th Ave

Miami, FI 33142

Current Rate New Rate

Effective Date

10/01/2016

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

130.12 131.55 🗸

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

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

W.Rydell Samuel, Administrator



029542600 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - James Scott Satellite

Provider Number: 029542600

Date: 09/28/2016

700 S. Royal Poinciana Blvd, Suite 300

Fiscal Year End : N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

130.12

131.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	Dade		-

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

W.Rydell Samuel, Administrator

nistrator



029543400 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

31	1146-	^	A 4 - 1
≺uraı	Health	Care -	· main

Provider Number: 029543400

Date: 09/28/2016

P.O. Box 817

Fiscal Year End: N/A

Palatka, FL 32178

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 123.53

124.89/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	Alachua		_
Distribution :		W.Rydell S	amuel, Administrator

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						_	_	-

Fiscal Agent

Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

029543401 - 2016/10

Effective Date

10/01/2016

124.89√

State of Florida Office of 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	Caro	Dalatka	Family	Modical	Center
Rura! Health	Care -	Palatka	ramiiv	iviedicai	Center

Provider Number: 029543401

Current Rate New Rate

123.53

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 817

Palatka, Fl 32178

Provider Type:

Basis:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

	¬
Rate Type :	
Rate Type :	Prospective
	Prospective Total Prospective
	<u>-</u> '
	Total Prospective

	Unaudited costs	Total Prospective
-	Desk audited costs	Prospective Adjusted for New costs
	Field audited costs	
	Medicare - Prospective	Interim
×	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	Alachua	
Distributi	ion:	W.Rydell Samuel, Administrator
Fiscal Age	nt	Medicaid Cost Reimbursement Analysis
Contract M	lanagement	
Permanent	t File	
Program D	evelopment:	



029543402 - 2016/10

10/01/2016

State of Florida Office of 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	Care -	Interlachen	Family	Med	Center
nulai	1 lealul	Cale -	IIILEHAGHEH	ı allılıy	wieu.	Center

Provider Number: 029543402

Date: 09/28/2016

Fiscal Year End: N/A

123.53

Audit Status: N/A

P.O. Box 817

Palatka, Fl 32178

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate Nev	/ Rate	Effective	Date
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124.89 /

#6	558 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

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

Alachua

W.Rydell Samuel, Administrator

029543403 - 2016/10

10/01/2016

State of Florida Office of 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	Care -	Crescent	City	Family	Med	Center
Kurai neaim	Care -	Crescent	CILV	rannin	weu.	Center

Provider Number: 029543403

Date: 09/28/2016

Fiscal Year End : N/A

123.53

Audit Status: N/A

P.O. Box 817

Palatka, Fl 32178

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Enective Dat	Current Rate	New Rate	Effective Date
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124.89

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
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Alachua		_

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

W.Rydell Samuel, Administrator



029543405 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		_				•
Rural	Health	Care -	Keystone	Family	Med	Center

Provider Number: 029543405

Date: 09/28/2016

P.O. Box 817

Fiscal Year End: N/A

Palatka, Fl 32178

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 123.53

124.89 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	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
	Alachua		_

Distribution:		
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

029543406 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

					•
Rural Heal	lth (Care -	Hawthorne	Family	Med	Center

Provider Number: 029543406

Date: 09/28/2016

P.O. Box 817

Fiscal Year End: N/A

Palatka, Fl 32178

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 123.53

124.89 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :]
•	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
-	Alachua		_

Distribution:	
Fiscal Agent	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



029543407 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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THE I	пеаш	LAIR -	Ражка	Pannin	iviedicai	t.emer

Provider Number: 029543407

Date: 09/28/2016

P.O. Box 817

Fiscal Year End: N/A

Palatka, FL 32178

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.53

124.89

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell	Samuel,	Administrator
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029543411 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care -	Family Med &	: Dental Ctr -	Elm Street

Provider Number: 029543411

Date: 09/28/2016

P.O. Box 817

Fiscal Year End: N/A

Palatka, FL 32177

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

X Federally Qualified Health Centers

123.53

124.89 / 10/01/2016

Hospice Provider

Rural Health Clinic

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

İ	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
		Putnam		-

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

W.Rydell Samuel, Administrator



029543413 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u> </u>	Medicaid Reimbursement Per Die	em Rates	for Non-In:	stitutior	nal Provid	lers	
Rι	Rural Health Care, Inc.				Provider Number : 029543413				
Ea	Eastside Family Dental Center				Date : 0	9/28/20	16		
PC	Drawer	817			Fiscal Y	ear End	: N/A		
Pa	alatka, FL	321780	817		Audit S	tatus : N	/A		
Pr	ovider Ty	/pe:			Currer	nt Rate	New Ra	te Ef	fective Date
		Rural H	ealth Clinic						
		Swing-E	Bed Provider						
	X	Federal	ly Qualified Health Centers			123.53	3	124.89 <i>J</i>	10/01/2016
		Hospice	Provider						
		#65′	I Routine Home Care (1-60)						
		#65	la Routine Home Care (61 +)						
		#652	2 Continuous Home Care						
		#652	2a Continuous Home Care - SIA						
		#65	5 Inpatient Respite Care						
		#656	General Inpatient Care						
		#658	Room and Board						
	Bas	is:		Ra	ite Type :				
			Budget		Χ	 Prosp	ective		
			Unaudited costs			 Total	Prospecti	ve	
	-		Desk audited costs			Prosp	ective Ad	justed for	New costs
			Field audited costs			_			
			Medicare - Prospective			 Interi	m		
	>	<	Payment System Rate			 Total	Interim		

	Medicare - Prospective	Interim
Х	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	Alachua	
<u>Distributi</u>	on:	W.Rydell Samuel, Administrator
Fiscal Ager	nt	Medicaid Cost Reimbursement Analysis
Contract M	anagement	
Permanent	File	
Program D	evelopment:	
F	or information Only (No Change in rate)	

029543414 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Corp	
Family Medical & Dental Centers	

PO Box 817

Palatka, FL 32178

Date: 09/28/2016

Fiscal Year End : N/A

Provider Number: 029543414

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.53

Current Rate New Rate

124.89 / 10/01/2016

Effective Date

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	Prospective
	Unaudited costs	·	Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate	0.212	Total Interim
THE	Average Nursing Home Rate		Settlement based on costs
	St Johns		_

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

W.Rydell Samuel, Administrator



029543416 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	1	Medicaid Reimbursement Per Die	m Rates for Non-Ins	stitution	nal Providers			
Rural	Health Care In	С	Provider Number: 029543416					
Famil	y Medical & De	Date: 09/28/2016						
РО В	ox 817		Fiscal Y	ear End	d : N/A			
Palatl	ka, FL 32178		Audit St	atus : N	I/A			
Provi	ider Type:		Currer	t Rate	New Rate	Eff	ective Date	
	Rural H	ealth Clinic						
	Swing-E	Bed Provider						
2	X Federal	ly Qualified Health Centers		123.53	3 124	.89 v′	10/01/2016	
	Hospice	e Provider						
	#651	I Routine Home Care (1-60)						
	#651	Ia Routine Home Care (61 +)						
	#652	2 Continuous Home Care						
	#652	2a Continuous Home Care - SIA						
	#655	5 Inpatient Respite Care						
	#656	6 General Inpatient Care						
	#658	3 Room and Board						
	Basis :		Rate Type :	7				
		Budget	×	 Prosp	pective			
		Unaudited costs		 Total	Prospective		:	
		Desk audited costs		Prosp	pective Adjuste	ed for N	lew costs	
_		Field audited costs		_				
		Medicare - Prospective		Interi	m			
	X	Payment System Rate		Total	Interim			
		Average Nursing Home Rate		Settle	ement based o	n costs	3	
		Clay						
	Distribution:		W.Rydell	Samuel	, Administrato	r F	/	
	Fiscal Agent		Medicaid	Cost Re	eimbursement	Analys	is	

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

____ For information Only (No Change in rate)



029543418 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	Medicaid Rein	<u>nbursement Per Diem</u>	Rates for	Non-Inst	itution	al Provid	<u>ers</u>	
Rural Health	n Care Inc.		Provider Number: 029543418					
Family Medi	ical & Dental Ctrs - Gre	en Cove	Date: 09/28/2016					
PO Box 817				Fiscal Ye	ar End	: N/A		
Palatka, FL	321780817			Audit Sta	tus : N/	A		
Provider Ty	/pe:			Current	Rate	New Rat	te E	Effective Date
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified H	ealth Centers			123.53		124.89 ^J	10/01/2016
	Hospice Provider							
	#651 Routine Hon	ne Care (1-60)						
#651a Routine Home Care (61 +)								
	#652 Continuous	Home Care						
	#652a Continuous	s Home Care - SIA						
	#655 Inpatient Res	spite Care						
	#656 General Inpa	atient Care						
	#658 Room and B	oard						
Bas	is:		Rate	Type :]			
	Budget			X	Prospe	ective		
	Unaudited cos	sts			Total F	Prospectiv	⁄e	
	Desk audited	costs			Prospe	ective Adj	usted for	r New costs
	Field audited	costs			-			
	Medicare - Pr	ospective			Interim	1		
>	C Payment Syst	tem Rate			Total I	nterim		
	Average Nurs	ing Home Rate			Settler	ment base	ed on cos	sts
		Clay			-			

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:

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W.Rydell Samuel, Administrator

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029543422 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care-Azalea Health	Provider Number: 029543422

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

Palatka, Fl 32177

Provider Type:

1302 River St

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

123.53

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

124.89 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	— Flagler		_

	tri			

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029544200 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami	Roach	Community	Hoolth	Contor	Stoploy	C Myoro
viiairii	Deach	Community	neam	Center -	Staniev	C. Mivers

Provider Number: 029544200

Date: 09/28/2016

710 Alton Road

Fiscal Year End: N/A

Miami, FL 33139

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

131.16

132.60

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis :		Rate Type :	
Ī		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
-		 Dade		_

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

W.Rydell Samuel, Administrato	r
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029544201 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach	Community	Hoalth	Contor	Royarky	Drocc
viiami Beach	Community	Health	Center .	• beveriv	Press

Provider Number: 029544201

Date: 09/28/2016

710 Alton Road

Fiscal Year End: N/A

Miami, FL 33139

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

Rural Health Clinic

X Federally Qualified Health Centers

131.16

132.60 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Γ	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
-		– Dade		-

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

W.Rydell Samuel, Administrator



029544207 - 2016/10

Effective Date

10/01/2016

132.60 -

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jiami Basah	Community	Health Center -	Nanov Haalth	Cantan
viiamii Beach	Community	nealth Center -	· wanav Healtr	ı Center

Provider Number: 029544207

Current Rate New Rate

131.16

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

710 Alton Road

Miami, FL 33139

Provider Type:

Basis:

Χ

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Budget

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	Total Interim
	Settlement based on costs

Average Nursing Home Rate	;
Dade	
Distribution:	1
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in	rate)

W.Rydell Samuel, Administrator



029544214 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm Health Center - North Suite 309

Provider Number: 029544214

Date: 09/28/2016

11645 Biscayne Blvd, Suite 207

Fiscal Year End: N/A

Miami, FL 331813138

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

131.16

132.60 🗸

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		_

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

W.Rydell Samuel, Administrator

- 40 -

029544215 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Rea	ch Comm Healtl	h Ctr - N	lorth Suite	301	305 and	307
Iviiaiiii beat	ch Comm neam	1 Cu - N	ioriii Suite	30 I,	303 and	3U 1

Provider Number: 029544215

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

11645 Biscayne Blvd, Suite 207

Miami, FL 331813138

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

131.16	132.60√	10/01/2016

Basis :	7	Rate Type :	1
	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
	Dade		-
Distribution	<u>ı:</u>	W.Rydell S	Samuel, Administrator

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



029544217 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

١	/liami	Beach	Comm	Health	Ctr -	North	Suita	308
١	шапп	Deach	COMMI	пеаш	Ou -	NOLLI	Suite	JUC

Provider Number: 029544217

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

11645 Biscayne Blvd, Suite 207

Miami, FL 331813138

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date
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131.16 132.60, 10/01/2016

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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		_

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

W.Rydell Samuel, Administrator

029544220 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comn	unity Hlth C	tr- Biscav	ne Blvd
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Provider Number: 029544220

Date: 09/28/2016

11645 Biscayne Blvd

Fiscal Year End: N/A

North Miami, FI 33181

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

131.16

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

132.60

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Dis	tri	bu	tic	n:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029544222 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Min	mi D	aaah	Comm		C+-	N I	Min	- :
MIA	mı B	eacn.	Comm	HITT	(itr-	·N	MIA	mı

Provider Number: 029544222

Date: 09/28/2016

F

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

11645 Biscayne Blvd

North Miami, FI 33181

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

131.16

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

132.60,/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	 Duval		_

D	is	tr	ib	u	ti	0	n	:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029545100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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	Medicaid Reimbursement Per Diem	Rates for Non-Ins	titution	al Providers		
Comm	nunity Health Centers, Inc.	Provide	· Numbe	er : 029545100		
		Date : 0	9/28/20 ⁻	16		
P.O. B	3ox 1249	Fiscal Y	ear End	: N/A		
Apopk	a, FL 32704	Audit St	atus : N	/A		
Provid	der Type:	Curren	t Rate	New Rate	Eff	fective Date
	Rural Health Clinic					
	Swing-Bed Provider					
. X	Federally Qualified Health Centers		141.84	143.	40 <i>J</i>	10/01/2016
	Hospice Provider					
	#651 Routine Home Care (1-60)					
	#651a Routine Home Care (61 +)					
	#652 Continuous Home Care					
	#652a Continuous Home Care - SIA					
	#655 Inpatient Respite Care					
	#656 General Inpatient Care					
	#658 Room and Board					
	Basis:	Rate Type :	1			
-	Budget	X	⊐ Prosp	ective		
	Unaudited costs		 Total	Prospective		
	Desk audited costs		 Prosp	ective Adjuste	d for N	New costs
	Field audited costs		_			
	Medicare - Prospective		– Interir	n		
	X Payment System Rate		_ Total	Interim		
	Average Nursing Home Rate		– Settle	ment based or	n cost	s
	Orange					

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

W.Rydell Samuel, Administrator



029545108 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Ce	nters, Inc Winter Garden Child	Hith Provider Number

WG Childrens Health

P.O. Box 2329

Apopka, FL 32704

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

: 029545108

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate **Effective Date**

141.84

143.40 √

10/01/2016

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		

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

029545110 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Southlake Fmly Hlth	Provider Number : 029545110
Southlake Family Health	Date: 09/28/2016

Southlake Family Health
P.O. Box 2329

Apopka, FL 32704

Provider Type: Current Rate New Rate Effective Date

Fiscal Year End: N/A

Audit Status: N/A

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers 141.84 143.40/ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	\neg		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	



029545111 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health Centers	 Winter Garden 	Emly Hith

WG Family Health Center

P.O. Box 2329

Apopka, FL 32704

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029545111

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate

Effective Date

141.84

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

10/01/2016

143.40

get udited costs k audited costs d audited costs		X	Prospective Total Prospective Prospective Adjusted for New costs
k audited costs			_
			Prospective Adjusted for New costs
l audited costs			
-	l		_
icare - Prospective			Interim
ment System Rate			Total Interim
rage Nursing Home Rate			Settlement based on costs
Orange			_
	nent System Rate age Nursing Home Rate	ment System Rate age Nursing Home Rate	ment System Rate age Nursing Home Rate

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

029545112 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee Florida 32308

	i alianassee, r	-iorida 32300	•				
<u>Medicaid</u>	Reimbursement Per Die	em Rates for	Non-Inst	itution	al Providers	<u>i</u>	
Community Health Centers - L	_eesburg		Provider	Numbe	er : 02954511	2	
Leesburg Community			Date : 09	/28/20	16		
P.O. Box 2329			Fiscal Ye	ar End	: N/A		
Apopka, FL 32704			Audit Sta	tus : N	/ A		
Provider Type:			Current	Rate	New Rate	Eff	ective Date
Rural Health Clir	nic						
Swing-Bed Provi	der						
X Federally Qualifi	ed Health Centers			141.84	143	3.40√	10/01/2016
Hospice Provide	r						
#651 Routine	Home Care (1-60)						
#651a Routin	e Home Care (61 +)						
#652 Continu	ious Home Care						
#652a Contin	uous Home Care - SIA						
#655 Inpatier	nt Respite Care						
#656 General	Inpatient Care						
#658 Room a	nd Board						
Basis :		Rate	Type :]			
Budget			X	Prosp	ective		
Unaudite	d costs			Total I	Prospective		
Desk aud	dited costs			Prosp	ective Adjust	ed for N	lew costs
Field aud	lited costs			-			
Medicare	e - Prospective			Interin	n		
X Payment	System Rate			Total	Interim		
Average	Nursing Home Rate			Settle	ment based o	on costs	3
	Orange			•			
<u>Distribution:</u>	the state of the s	<u> </u>	V.Rydell S	amuel.	Administrato	or R	/

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
______ 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

029545113 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

WEI		Tallahassee, Flo	rida 32308				
	1	Medicaid Reimbursement Per Diem	Rates for Non-Ins	titution	nal Providers		
Community	Health C	Centers - Apopka Fmly Hlth	Provide	r Numbe	er : 029545113		
Apopka Far	mily Heal	th	Date : 0	9/28/20	16		
P.O. Box 23	329		Fiscal Y	ear End	I : N/A		
Apopka, FL	32704		Audit St	atus : N	/A		
Provider T	ype:		Currer	t Rate	New Rate	Ef	fective Date
	Rural H	ealth Clinic					
	Swing-l	Bed Provider					
X	Federal	ly Qualified Health Centers		141.84	143.4	√ 0	10/01/2016
	Hospic	e Provider					
	#65	1 Routine Home Care (1-60)					
	#65	1a Routine Home Care (61 +)					
	#65	2 Continuous Home Care					
	#65	2a Continuous Home Care - SIA					
	#65	5 Inpatient Respite Care					
	#65	6 General Inpatient Care					
	#65	8 Room and Board					
Bas	sis :]	Rate Type :				
		Budget	X	 Prosp	ective		
		Unaudited costs		— Total	Prospective		
		Desk audited costs		Prosp	ective Adjusted	l for l	New costs
		Field audited costs		_			
		Medicare - Prospective		 Interi	m		
	Χ	Payment System Rate		Total	Interim		
		Average Nursing Home Rate		Settle	ement based on	cost	s
		Orange					
<u>Distr</u>	ibution:		W.Rydell	Samuel	, Administrator		/
Fiscal	Agent		Medicaid	Cost Re	eimbursement A	nalvs	sis

029545114 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	•			~ 4 ** *	
Community Health	Centers.	Inc	- Apopka	Childrens	Hith

Provider Number: 029545114

Date: 09/28/2016

P.O. Box 2329

Fiscal Year End: N/A

Apopka, FL 32704

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

141.84

143.40 🔏

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	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		_

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

W.Rydell Samuel, Administrator



029545115 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_					
`∩mmu	nitv He	alth Ca	nters. Ir	חר - Pi	na Hille

Provider Number: 029545115

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 2329

Apopka, FL 32704

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

141.84

143.40./

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	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
	 Orange		

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

W.Rydell Samuel, Administrator



029545119 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Haalth	Contoro	مادا	Ellono	
Jornmunity	nealth	Centers -	Lake)[

Provider Number: 029545119

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 2329

Apopka, FL 32704

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers** 141.84

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

143.40,/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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>Dis</u>	<u>tri</u>	b	<u>uti</u>	01	<u>1:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

___ For information Only (No Change in rate)



029545121 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>.N</u>	ledicaid Reimbursement Per Dier	n Rates fo	Non-Inst	titution	al Provide	ers	
Con	Community Health Centers, Inc.				Provider Number : 029545121				
Аро	Apopka Dental				Date: 09/28/2016				
РО	Box 232	29			Fiscal Ye	ar End	: N/A		
Аро	pka, FL	32704			Audit Sta	itus : N	/A		
Pro	vider Ty	/pe:			Current	Rate	New Rate	e Ef	fective Date
		Rural He	ealth Clinic						
		Swing-B	ed Provider						
	X	Federall	y Qualified Health Centers			141.84	1	143.40 √	10/01/2016
		Hospice	Provider						
		#651	Routine Home Care (1-60)						
		#651	a Routine Home Care (61 +)						
		#652	Continuous Home Care						
		#652	a Continuous Home Care - SIA						
		#655	Inpatient Respite Care						
		#656	General Inpatient Care						
		#658	Room and Board						
	Bas	sis :		Rate	Type :				
-			Budget		Х	Prosp	ective		
-			Unaudited costs			Total	Prospectiv	e	
			Desk audited costs			Prosp	ective Adju	usted for l	New costs
-			Field audited costs			_			
_			Medicare - Prospective			Interir	n		
	;	K	Payment System Rate			Total	Interim		
-	-		Average Nursing Home Rate			Settle	ment base	ed on cost	s
-			Orange			_			
	Distri	bution:		\	V.Rydell S	Samuel,	Administra	ator #	./
	Fiscal	Agent		_			imburseme		sis
	Contra	act Manag	gement					·	
		nent File	•						
	Progra	am Develo	opment:						

For information Only (No Change in rate)



029545123 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers
Bithlo Family Health Center

PO Box 2329

Apopka, FL 32704

Provider Number: 029545123

Date: 09/28/2016

Fiscal Year End: N/A

141.84

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

143.40 🗸

10/01/2016

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
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Orange		_

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

W.Rydell Samuel, Administrator



029545125 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	4 1 14 -	Ct	I — —
.nmmunity	Healin	t emers	Inc.

Meadow Woods Childrens Health Center

110 South Woodland Street

Winter Garden, FL 347873546

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029545125

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Effective Date

141.84 143.40, 10/01/2016

Basis :	ヿ	Rate Type :	1
	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		_

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

W.Rydell Samuel, Administrator



029545129 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	1 1 141	^	
'ammilinity	HABITA	('Antare-	lawarac

Provider Number: 029545129

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

110 S Woodland St

Winter Garden, FI 34787

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

141.84

143.40_{,1}

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution.
Fiscal Agent
Contract Management

Permanent File

Distribution:

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029545131 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		_	
Community	Health	Centers-	Orlando

Provider Number: 029545131

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

110 S Woodland St

Winter Garden, FI 34787

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

X Federally Qualified Health Centers

141.84

143.40 \(\) 10/01/2016

Hospice Provider

Rural Health Clinic

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	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		-
2000			

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

N.Rydell Samuel, Administrato	r
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029547700 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Thomas	F 1	angley	Medical	Center
nomas	Ε. ι	_anoiev	iviedicai	Center

Provider Number: 029547700

Current Rate New Rate

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

1425 S. U.S. Hwy 301

Sumterville, FL 33585

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

130.27	131.70₁	10/01/2016

	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
-		Sumter		_

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



029547702 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

-amily	Medical	Contor	at the	Shoroc
-amiiiv	wearcar	Center	at the	Snores

Provider Number: 029547702

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

1425 S. U.S. Hwy 301 Sumterville, FL 33585

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

X Federally Qualified Health Centers

130.27

131.70

10/01/2016

Hospice Provider

Rural Health Clinic

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	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
	Sumter		_

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

W.Rydell Samuel, Administrator



029548500 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa	Cammin	nitv Health	Contor	Dotor D
annua	Commu	niv neami	Center -	relei D

Provider Number: 029548500

Date: 09/28/2016

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682 Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

Rural Health Clinic

X Federally Qualified Health Centers

123.47

124.83

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	□	lΓ	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
_	— Hillsborough	-		_

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

W.Rydell Samuel,	Administrator



029548502 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa	a Community	Health Center - Salvation Army		r Numb	er : 029548502 16	
РО Во	x 82969		Fiscal \	ear End	: N/A	
Tampa	a, FL 33682		Audit S	tatus : N	I/A	
Provid	ler Type:		Currer	nt Rate	New Rate	Effective Date
	Rural I	Health Clinic				
	Swing	-Bed Provider				
Х	Federa	ally Qualified Health Centers		123.47	7 124.8	10/01/2016
	Hospid	ce Provider				
	#65	51 Routine Home Care (1-60)				Section Action
	#65	51a Routine Home Care (61 +)				
	#65	52 Continuous Home Care				
	#65	52a Continuous Home Care - SIA				
	#65	55 Inpatient Respite Care				
	#65	56 General Inpatient Care				
	#65	58 Room and Board				
	Pagin :		Pata Type :			
	Basis:	Budget	Rate Type :	Proce	ective	
		Unaudited costs			Prospective	
		- Desk audited costs			•	d for New costs
		Field audited costs		— —	ective Aujustet	TIOI New Costs
		Medicare - Prospective		 Interir	n	
	X	Payment System Rate			Interim	
		Average Nursing Home Rate			ment based on	costs
		Hillsborough	V	_		
<u>D</u>	istribution	<u> </u>	W.Rydell	Samuel,	Administrator	7
Fi	scal Agent				imbursement A	
C	ontract Mana	agement				
Pe	ermanent File	e				
Pr	rogram Deve	elopment:				
	For it	nformation Only (No Change in rate)				



029548503 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Sine Domus	Tampa	Community	Health	Center	- Sine	Domus
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Provider Number: 029548503

Date: 09/28/2016

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83 √

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

	Hillsborough
Distribution:	
Fiscal Agent	
Contract Management	,
Permanent File	
Program Development:	
For information	Only (No Change in rate

W.Rydell Samuel, Administrator



029548504 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

т	amna	Community	Hoalth	Contor	Loo Davis	
١	ampa	Community	nealth	Center -	Lee Davis	

Provider Number: 029548504

Date: 09/28/2016

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 33682

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	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
	- Hillsborough		

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

W.Rydell S	amuel, Ad	ministrato
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029548505 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tamaa	Cammunitu	Health Center-	121at A	
Tamba	Community	Healin Center-	· ISISLAVE	

Provider Number: 029548505

Date: 09/28/2016

PO Box 82969 Tampa, FI 33682 Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	
	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
	Hillsborough		-

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

Ν.	Rydell	Samuel,	Adminis	strator



029548506 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

1	Tamna	Community	/ Health	Center -	Rome	Ave
	annua		/ I I c ailii	Celifel -	1101110	$\neg \lor \cup$

Provider Number: 029548506

Date: 09/28/2016

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83 - 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	Hillsborough		_

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

W.Rydell Samuel, Administrator



029548513 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa	Community	Health	Center.	Waters A	11/0
Talliba	Community	nealin	Center.	- vvaleis r	WE

Provider Number: 029548513

Date: 09/28/2016

PO Box 82969

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

Tampa, FL 33682

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
Budget	Ì	X	Prospective
Unaudit	ed costs		Total Prospective
Desk au	idited costs		Prospective Adjusted for New costs
Field au	dited costs		•
Medicar	e - Prospective		Interim
X Paymer	nt System Rate		Total Interim
Average	Nursing Home Rate		Settlement based on costs
	Hillsborough		-

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

W.Rydell Samuel, Administrator



Permanent File

Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

029548516 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per Die	m Rates for	r Non-Ins	titution	al Provider	<u>'S</u>	
Fampa Community Health Center			Provider Number : 029548516					
Mobil Den	tal Van			Date : 09	9/28/20	16		
PO Box 82	2969			Fiscal Ye	ear End	I : N/A		
Tamp, FL	33682			Audit Sta	itus : N	/A		
Provider 1	Гуре:			Current	Rate	New Rate	Ef	fective Date
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
X	Federa	lly Qualified Health Centers			123.47	' 12	24.83	10/01/2016
	Hospic	e Provider						
	#65	1 Routine Home Care (1-60)						
	#65	1a Routine Home Care (61 +)						
	#65	2 Continuous Home Care						
	#65	2a Continuous Home Care - SIA						
	#65	5 Inpatient Respite Care						
	#65	6 General Inpatient Care						
	#65	8 Room and Board						
Ва	asis:		Rate	Type :]			
		Budget		X	Prosp	ective		
		Unaudited costs			Total	Prospective		
		Desk audited costs			Prosp	ective Adjus	sted for I	New costs
		Field audited costs						
		Medicare - Prospective			Interir	n		
	X	Payment System Rate			Total	Interim		
		Average Nursing Home Rate			Settle	ment based	on cost	s
		Hillsborough			_			
Dist	ribution			V.Rydell S	Samuel,	Administrat	or #	~
Fisca	ıl Agent		<u> </u>	Medicaid C	ost Re	imbursemer	nt Analys	sis
Contr	ract Mana	gement						



029548517 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number: 029548517

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

PO Box 82969

Tampa, FL 336822969

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83 √ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	— Hillsborough		_

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

W.Rydell Samuel, Administrator



029548519 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa	Family	Health	Center #	#27
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Provider Number: 029548519

Date: 09/28/2016

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 33682

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	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
	- Hillsborough		-

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



029548520 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_				
Tampa	Family	Health	center #26	

Provider Number: 029548520

Date: 09/28/2016

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



029548521 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tamna	Family	Health	Centers	#25
Iaiiiba	allilly	nealui	Centers	#20

Provider Number: 029548521

Date: 09/28/2016

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 123.47

124.83./

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



029548522 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tamna	Family	Hoolth	Contoro	#24
ıamba	ramiiv	Health	Centers	#24

Provider Number: 029548522

Date: 09/28/2016

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	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
	- Hillsborough		-

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

W.Rydell Samuel, Administrator



029548527 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tompo	Family	Hoalth	Contor	#22
ramba	ramiiv	neaitn	Center	#23

Provider Number: 029548527

Date: 09/28/2016

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 336822969

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

Medicaid Cost Reimbursement Analysis

124.83 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Hillsborough		_
tributio	<u>n:</u>	W.Rvdell	Samuel, Administrator

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)



029548529 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tamna	Family	Health	Center	Inc 28

Provider Number: 029548529

Date: 09/28/2016

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 336822969

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

123.47

Medicaid Cost Reimbursement Analysis

124.83

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	Hillsborough		-
tribution	<u>:</u>	W.Rydell	Samuel, Administrator

<u>Distri</u>	<u>ibution:</u>
Fiecal	Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029548531 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

-	E 11	1.1 141-	A	40.
lampa	Family	Health	Centers	- #31

Provider Number: 029548531

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

123.47

PO Box 82969

Tampa, FL 336822969

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

124.83

10/01/2016

Basis :	i	Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate	-	Settlement based on costs
	—– Hillsborough		

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

W.Rydell Samuel, Administrator



029548533 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa	Family	Health	Centers-	22nd St
Iaiipa	I GIIIIIV	i icaiui	OCI 16613	

Provider Number: 029548533

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O Box 82969 Tampa, FI 33682

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

123.47	124.83/	10/01/2016

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
	Hillsborough		

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

W.Rydell Samuel, Administrator



029548535 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa	Family	Health	Center-	Fletcher	Ave
ıanıpa	rannin	Healti	Center-	Lierchiei	Ave

Provider Number: 029548535

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P. O Box 82969

Tampa, Fl 33682

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

123.47	124.83	10/01/2016

Basis :	1	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 Hillsborough		Settlement based on costs

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

W.Rydell Samuel, Administrator



029548537 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_			_	
Tamna	Family	Health	Centers	#37

Provider Number: 029548537

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

P. O. Box 82969

Tampa, FI 33268

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

123.47 124.83 10/01/2016

	Basis:		Rate Type :	
-		Budget	×	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
-		Hillsborough		-
		J		

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

W.Rydell Samuel, Administrator



029549300 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Control	Florida	Lloolth	Coro	Erooto	
centrai	riorida	neam	Care -	- ศาบรเม	looi

Provider Number: 029549300

Date: 09/28/2016

109 West Wall Street

Fiscal Year End: N/A

Frostproof, FL 33843

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

Medicaid Cost Reimbursement Analysis

151.01 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	Polk		_
istribution	<u>ı:</u>	W.Rydell S	Samuel, Administrator

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



029549301 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	Florida	Health	Care -	Wachula
Cerruar	i iuiua	ı ı c aıuı	Cale -	vvacilula

Provider Number: 029549301

Date: 09/28/2016

204 E. Palmetto Street

Fiscal Year End: N/A

Wauchula, FL 33873

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	Polk		_

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

W.Rydell Samuel, Administrator



029549304 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Call - Avon Par	
	,

Provider Number: 029549304

Date: 09/28/2016

400 South Lake Avenue

Fiscal Year End: N/A

Avon Park, FL 33825

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :	
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
Polk		

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

W.Rydell Samuel, Administrator



029549305 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	Florida	Health	Center -	Hardee
Senual	LIUHUA	HEARIN	Cellel -	naiuee

Provider Number: 029549305

Date: 09/28/2016

950 County Road 17A West

Fiscal Year End: N/A

Avon Park, FL 33825

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	— Hardee		-

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

W.Rydell Samuel, Administrator



029549307 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	Florida	Health	Care -	NIM Oth	Δνε
Cenuas		nealui	Cale -	11100 5011	AVE

Provider Number: 029549307

Date: 09/28/2016

Fiscal Year End: N/A

149.37

Audit Status: N/A

950 County Rd 17A West

Avon Park, FL 33825

Provider Type: Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

Current	Rate	New Rate	Effective	Date

151.01

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

Distribution:
Fiscal Agent

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



029549309 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	FI	Hlthcare-Dundee	Вd
Jeninai	Гι	millicate-Duniuee	Κu

Provider Number: 029549309

Date: 09/28/2016

47 5th St NW

Fiscal Year End: N/A

Winter Haven, FI 33881

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	1
	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
	– Polk		_

Distribution:	"	
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



029549311 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	 141			۸
Central	neaund	:are- i	-ı /	٩ve

Provider Number: 029549311

Date: 09/28/2016

47 5th Ave St NW

Fiscal Year End: N/A

Winter Haven, FI 04915

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

ted costs udited costs udited costs		X	Prospective Total Prospective Prospective Adjusted for New costs
udited costs			•
			Prospective Adjusted for New costs
idited costs			
			•
re - Prospective			Interim
nt System Rate			Total Interim
e Nursing Home Rate			Settlement based on costs
Polk			-
r	nt System Rate e Nursing Home Rate	nt System Rate e Nursing Home Rate	nt System Rate e Nursing Home Rate

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

W.Rydell Samuel, Administrator



029549316 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	Florida	Health	Care-V	Vintar	Haver
Cenuai	rionua	nealin	Care-v	viriter	navei

Provider Number: 029549316

Date: 09/28/2016

201 Magnolia Ave SW

Fiscal Year End: N/A

Winter Haven, FI 33880

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	Polk		_

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

W.Rydell Samuel, Administrator



029550700 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community HC Group - Pasco

Provider Number: 029550700

Current Rate New Rate

145.93

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

37946 CHURCH AVE

Dade City, FL 33525

Fiscal Agent

Permanent File

Contract Management

Program Development:

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

147.54

Basis :	۱ ۱	Rate Type :	7
<u> </u>	Budget	Х	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
	Pasco		_
stributio	<u>n:</u>	W.Rydell	Samuel, Administrator



029550701 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community	/ HC	Group	 Zeph 	ıvrhills
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Provider Number: 029550701

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

37946 CHURCH AVE

Dade City, FL 33525

Basis:

Current Rate New Rate

145.93

Effective Date

10/01/2016

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

147.54

_		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
		Pasco			_
	Distribution:			W.Rydell S	Samuel, Administrator
	Fiscal Agent		•	Medicaid C	Cost Reimbursement Analysis
	Contract Mana	gement			
	Permanent File	Э			
	Program Deve	lopment:			

Rate Type:



029550702 - 2016/10

Effective Date

10/01/2016

147.54√

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier	Community	/ HC	Group	- Sur	nmit
10111101	Community	, , , ,	Oloup	- Jui	11111111

Provider Number: 029550702

Current Rate New Rate

145.93

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

37946 CHURCH AVE

Dade City, FL 33525

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

поэріс	e Flovidei		
#65	1 Routine Home Care (1-60)		
#65	1a Routine Home Care (61 +)		
#65	2 Continuous Home Care		
#65	2a Continuous Home Care - SIA		
#65	5 Inpatient Respite Care		
#65	6 General Inpatient Care		
#65	8 Room and Board		
	7		1
Basis :	1	Rate Type :	į
	Budget	Х	Prospective
	Unaudited costs		Total Prospective
	-		•

		Unaudited costs	Total Prospective
		Desk audited costs	Prospective Adjusted for New costs
1		Field audited costs	
		Medicare - Prospective	Interim
	X	Payment System Rate	Total Interim
'		Average Nursing Home Rate	Settlement based on costs
		Pasco	
L	Distribution	on:	W.Rydell Samuel, Administrator
	Fiscal Agen	t	Medicaid Cost Reimbursement Analysis
	Contract Ma	anagement	
	Permanent	File	
	Program De	evelopment:	

For information Only (No Change in rate)



029550703 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community	Healthcare	Group -	New Port	Richay
Premier Community	nealincare	Group -	New Port	Richev

Provider Number: 029550703

Date: 09/28/2016

PO Box 232

Fiscal Year End: N/A

Dade City, FL 33526

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

145.93

147.54

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



029550704 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier	Community	Healthcare	- Dade	City
16111161	Community	i icalii calc	- Dauc	CILY

Provider Number: 029550704

Date: 09/28/2016

PO Box 232

Fiscal Year End: N/A

Dade City, FL 33526

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

145.93

147.54 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:	Rate Type :	
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
Pasco		-

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

W.Rydell Samuel, Administrator



029550714 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier	Community	Healthcare:	-Pasco	Co
10111101	COMMUNICA	i icasu icas c	- ascc	-

Provider Number: 029550714

Date: 09/28/2016

P.O.Box 232

Fiscal Year End : N/A

Dade City, FL 33526

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

145.93

Medicaid Cost Reimbursement Analysis

147.54

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	
	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
	Pasco		-
Distribution :		W.Rydell S	amuel, Administrator

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



029550716 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier	Comm	Health	Care	Group	-Denton	Ave
rieillei	COILLIN	nealui	Cale	GIUUD	-Denion	~~~

Provider Number: 029550716

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

P.O Box 232

Dade City, Fl 33526

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

145.93

147.54

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :]
	Budget	×	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
	– Pasco		_

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

W.Rydell Samuel, Administrator



029551500 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	Florida	Migrant	2.	Community	Health	Center	Inc
Central	rioriua	wildiant	CX.	Community	nealui	Center.	1110

Provider Number: 029551500

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

2400 State Road 415

Sanford, FL 327716012

Provider Type: Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date
111.45	112.6	10/01/2016

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
	Seminole		_
Distributio	<u>n:</u>	W.Rydell S	Samuel, Administrator
Fiscal Agent	t	Medicaid (Cost Reimbursement Analysis
Contract Ma	nagement		
Permanent F	File		
Program De	velopment:		
Eo	r information Only (No Change in rate)		



029551502 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health-Alafaya

Provider Number: 029551502

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

18501 Washington Ave

Bithlo, FI 32820

Provider Type: Rural Health Clinic

	Swing-E	Bed Provider				
X	Federal	ly Qualified Health Centers		111.45	112.67√	10/01/2016
	Hospice	e Provider				
	#65	1 Routine Home Care (1-60)				
	#65	1a Routine Home Care (61 +)				
	#652	2 Continuous Home Care				
	#652	2a Continuous Home Care - SIA				
	#65	5 Inpatient Respite Care				
	#656	6 General Inpatient Care				
	#658	8 Room and Board				
		, T				
В	asis :		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		
	Distribution	<u> </u>	W.Ryde	Il Samuel, Administrator
	Fiscal Ager	nt	Medicai	d Cost Reimbursement Analysis
	Contract Ma	anagement		
	Permanent	File		
	Program De	evelopment:		
	Fo	or information Only (No Change in rate)		



029551504 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	Florida	Family	Health -	Underhill	Road

Provider Number: 029551504

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

2400 County Rd 415-A

Basis:

Х

Sanford, FL 32771

Current Rate New Rate

111.45

Effective Date

10/01/2016

112.67 ✓

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

	Seminole
Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information O	only (No Change in rate

W.Rydell Samuel, Administrator



029551506 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center - Lake Elleno	Central	Florida	Family	Health	Center -	Lake	Ellenor
--	---------	---------	--------	--------	----------	------	---------

Provider Number: 029551506

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

2400 County Rd 415-A

Sanford, FL 32771

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Effective Date

111.45

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Current Rate New Rate

112.67 / 10/01/2016

Basis :	\neg	Rate Type :]
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		_ Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Seminole		_

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



029551513 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Famil	V Health Center	- Forsy	vth
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Provider Number: 029551513

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

2400 County Rd 415-A

Sanford, FL 32771

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

111.45

112.67 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	
	Budget	×	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		_

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

W.Rydell Samuel, Administrator



029551515 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	Florida	Family	Health	Center	- Silver	Star
centi ai	riuliua	I allilly	Health	Center	- 311461	Otal

Provider Number: 029551515

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

2400 State Road 415 Sanford, FL 327716012

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

111.45

112.67 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:	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		

	l
Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rate	1

W.Rydell Samuel, Administrator



029551517 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		,						
		Medicaid Reimbursement Per Dien	Rates for Non-Ins	<u>titution</u>	al Providers			
Centra	al Flor	ida Family Health Center	Provider Number: 029551517					
True I	Health	#2	Date : 09	9/28/20	16			
2400	State	Road 415	Fiscal Ye	ear End	: N/A			
Sanfo	ord, Fl	32771	Audit Sta	atus : N	/A			
Provi	der Ty	ype:	Curren	t Rate	New Rate	Eff	ective Date	
		Rural Health Clinic						
		Swing-Bed Provider						
)	K	Federally Qualified Health Centers		111.45	5 112.	67,	10/01/2016	
		Hospice Provider						
		#651 Routine Home Care (1-60)						
		#651a Routine Home Care (61 +)						
		#652 Continuous Home Care						
		#652a Continuous Home Care - SIA						
		#655 Inpatient Respite Care						
		#656 General Inpatient Care						
		#658 Room and Board						
	Bas	sis:	Rate Type :	7				
<u>L</u>		Budget	X	⊒ Prosp	ective			
-		Unaudited costs		- Total	Prospective			
		Desk audited costs		- Prosp	ective Adjuste	d for N	lew costs	
-		Field audited costs		_				
-		Medicare - Prospective		– Interir	m			
	,	X Payment System Rate		– Total	Interim			
-		Average Nursing Home Rate		- Settle	ement based o	n costs	3	
_		Seminole		_				

Average Nursing Home Rate Seminole	Settlement based on c
Distribution:	W.Rydell Samuel, Administrator
Fiscal Agent	Medicaid Cost Reimbursement Ana
Contract Management	
Permanent File	
Program Development:	
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

029551518 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per Dien	n Rates for I	Non-Inst	<u>titution</u>	al Providers		
Central F	lorida Fam	F	Provider Number: 029551518					
True Hea	alth	[Date : 09	/28/201	16			
2400 Sta	te Road 41	15	F	iscal Ye	ar End	: N/A		
Sanford,	FI 32771		A	Audit Sta	itus : N	'A		
Provider Type:				Current	Rate	New Rate	Eff	ective Date
	Rural h	lealth Clinic						
	Swing-	Bed Provider						
X	Federa	lly Qualified Health Centers			111.45	112.0	67 _. ,	10/01/2016
	Hospic	e Provider						
	#65	1 Routine Home Care (1-60)						
	#65	1a Routine Home Care (61 +)						
	#65	2 Continuous Home Care						
	#65	32a Continuous Home Care - SIA						
	#65	55 Inpatient Respite Care						
	#65	66 General Inpatient Care						
	#65	8 Room and Board						
E	Basis :		Rate T	ype :]			
		Budget	X		Prosp	ective		
		Unaudited costs			Total	Prospective		
		Desk audited costs			Prosp	ective Adjuste	d for N	New costs
		Field audited costs			-			
		Medicare - Prospective			Interir	n		
	X	Payment System Rate			Total	Interim		
		Average Nursing Home Rate			Settle	ment based or	n costs	s
		Seminole						
Dis	tribution	<u> </u>	W.	Rydell S	Samuel,	Administrator	R	/
Fise	cal Agent		Me	edicaid C	Cost Re	imbursement A	Analys	sis



029552300 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

مال برانمس	alth Can	tor of Co	lumbia (County.	Ina
Family He	aim cen	ter or Co	iumbia (Journey,	IIIC.

Provider Number: 029552300

Date: 09/28/2016

P.O. Box 249

Fiscal Year End: N/A

Lake City, FL 32056

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

99.52

100.61/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Columbia		_
			· · · · · · · · · · · · · · · · · · ·

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

W.Rydell	Samuel,	Administrat	or



029554000 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen	Health	Care	Center.	Inc.

Provider Number: 029554000

Date: 09/28/2016

3601 Federal Highway 3rd Floor

Fiscal Year End : N/A

Miami, FL 33137

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55 J 10/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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		

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

W.Rydell Samuel, Administrator



029554002 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care - Federal Hwy

Provider Number: 029554002

Date: 09/28/2016

3601 Federal Highway 3rd Floor

Fiscal Year End : N/A

Miami, FL 33137

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type	:
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	- Dade		
		1	
Distribution:		W.Rvc	dell Samuel, Administrator

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

W.Rydell Samuel, Administrator



029554003 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinauen	Health	Care	Center	SW	8th Stre	et
ou il luuell	i icaiiii	Cale	Center.	344	oui oue	Cι

Provider Number: 029554003

Date: 09/28/2016

3601 Federal Highway, 3rd Floor Finance

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

126.16

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

127.55 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	 Dade		_

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



029554016 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen	Hoolth	Caro	Contor
Borinauen	neam	Care	Center

Provider Number: 029554016

Date: 09/28/2016

3601 Federal Hwy, 6th Floor

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55,

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	7
	Budget	×	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
	Dade		_
	j		

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

W.Rydell	Samuel,	Administrator
•		



029554019 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen	Hoolth	Caro	Contor	10
Borinauen	Health	Care	Center	- 18

Provider Number: 029554019

Date: 09/28/2016

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :
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
Dade	

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

W.Rydell	Samuel,	Admir	istrator



029554021 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen	Health	Care	Center -	. 21

Provider Number: 029554021

Date: 09/28/2016

3601 Federal Highway, 6th Floor

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	Dade		-

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

W.Rydell Samuel, Administrator



029554023 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

D	1 1 141-	<u> </u>	A 1	~~
Boringuen	Health	Care	center	- 23

Provider Number: 029554023

Date: 09/28/2016

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

127.55/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		7
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate Dade		Settlement based on costs
		1	

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



029554025 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 25

Provider Number: 029554025

Date: 09/28/2016

3601 Federal Highway

Fiscal Year End: N/A

Audit Status: N/A

Miami, FL 331373795

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate Dade		Settlement based on costs
	Dade		

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

W.Rydell Samuel, Administrator



029554027 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Boringuen	Llaalth	~~~	Cantar	27
Rommanien	Healin	(.are	L.enier	- //

Provider Number: 029554027

Date: 09/28/2016

3601 Federal Hwy, 6th Floor F

Fiscal Year End : N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :
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
Dade	

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

W.Rydell	Samuel,	Administrator



029554029 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen	Health	Care	Center	20
bonnauen.	neaun	Cale	Center -	· 22

Provider Number: 029554029

Date: 09/28/2016

3601 Federal Highway, Suite 200

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

Medicaid Cost Reimbursement Analysis

127.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	×	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
	— Dade		_
Distribution	<u>n:</u>	W.Rydell S	Samuel, Administrator

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rate	2



029554031 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		_	_	_
Boringuen	Health	Care	Center	- 31

Provider Number: 029554031

Date: 09/28/2016

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	 Dade		_

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

W.Rydell	Samuel,	Administrato	or
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029554033 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen	Health	Care Center	- Cottonwood	Cir

Provider Number: 029554033

Date: 09/28/2016

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

127.55/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	Budget	×	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
	- Dade		-

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rat	e



029554035 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen Health Care Center - North Bay Villa
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Provider Number: 029554035

Current Rate New Rate

126.16

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

3601 Federal Highway

Miami, FL 331373795

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

127.55/

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
	– Dade		-

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



029554037 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinauen	Health	Care	Center -	Miami	Reach
Donnagn	i i c aiii i	Cale	Center -	wijaiii	Deach

Provider Number: 029554037

Date: 09/28/2016

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 126.16

127.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	- Dade		-
istribution		W Dudoll C	Samuel, Administrator

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



029554039 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Borinauen	nealm	Lare	Center -	Dav	naibui	ISIANUS	ó

Provider Number: 029554039

Date: 09/28/2016

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

Medicaid Cost Reimbursement Analysis

127.55/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	 Dade		_
Distribution	<u>:</u>	W.Rydell S	Samuel, Administrator

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



029554041 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen	Health	Care	Center -	7th	Street
Dominuuem	пеанн	Care	Center -	<i>'</i> (111	Sueei

Provider Number: 029554041

Date: 09/28/2016

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

126.16

127.55

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell	Samuel,	Administrato



029554043 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Die			n Rates fo	r Non-Inst	itution	al Providers		
Borinquen I	Health Ca	ire Center		Provider	Numbe	r : 029554043	3	
Kendall Re	gional			Date : 09	/28/201	16		
3601 Feder	ral Highwa	ау		Fiscal Ye	ar End	: N/A		
Miami, FL	33137379	95		Audit Sta	tus : N/	'A		
Provider T	ype:			Current	Rate	New Rate	Effec	tive Date
		ealth Clinic						
	Swing-E	Bed Provider						
X	Federal	y Qualified Health Centers			126.16	127.	.55/ 1	0/01/2016
	Hospice	Provider						
	#651	Routine Home Care (1-60)						
	#651	a Routine Home Care (61 +)						
	#652	Continuous Home Care						
	#652	a Continuous Home Care - SIA						
	#655	Inpatient Respite Care						
	#656	General Inpatient Care						
	#658	Room and Board						
Bas	sis :		Rate	Type :]	-		
		Budget		X	ر Prosp	ective		,
Unaudited costs				Total I	Prospective			
Desk audited costs				Prosp	ective Adjuste	d for Nev	v costs	
		Field audited costs		- 4	-			
		Medicare - Prospective			- Interin	n		l
}	X	Payment System Rate			Total l	Interim		
		Average Nursing Home Rate			Settle	ment based o	n costs	
		Dade						

Distribution:		
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

_____ For information Only (No Change in rate)



029557400 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Ruskin					
SUNCOAST COMMUNITY MCC RUSKIN	C	C		100	
	Suncoast	t .cmmi	Iniiv F	71.1	RUSKII

Provider Number: 029557400

Date: 09/28/2016

Fiscal Year End: N/A

P.O. Box 1349

Ruskin, FL 33570

Provider Type:

Basis:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Audit Status : N	/A		
Current Rate	New Rate	Eff	ective Date
144.59) 14	6.18/	10/01/2016

	[1	
	Budget	Х	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
	Hillsborough		
Distribution	on:	W.Rydell	Samuel, Administrator
Fiscal Ager	nt	Medicaid Cost Reimbursement Analysis	
Contract Ma	anagement		
Permanent	File		
Program De	evelopment:		
F	or information Only (No Change in rate)		

Rate Type:



029557401 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number: 029557401

Women and Children Community Health Center

PO Box 2096

Plant City, FL 33563

Basis:

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

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Audit Status : N	/A		
Current Rate	New Ra	te i	Effective Date
144.59)	146.18 _/	10/01/2016

	1			
	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	
	Hillsborough			
Distribution	<u>on:</u>	W.Rydell	Samuel, Administrator	
Fiscal Ager	nt	Medicaid	Medicaid Cost Reimbursement Analysis	
Contract Ma	anagement			
Permanent	File			
Program De	evelopment:			
E,	or information Only (No Change in rate)			

Rate Type :



029557402 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community	HCC-	Plant	City
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Provider Number: 029557402

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O.Box 2096

Plant City, FI 33566

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

144.59

146.18

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	□ !	Rate Type :	7
<u> </u>	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
	— Hillsborough		_
Distribution	n·	VAV Envida II C	Samuel Administrator TRV

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

W.	Rydell	Samuel,	Administrat	tor



029557403 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	•			~ .	
Suncoast	Community	HCC -	Moblev	Street	Ċ

Provider Number: 029557403

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

P.O. Box 1349

Ruskin, FL 33575

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effe	ective Date
144.59	146	.18√	10/01/2016

Basis:]	Rate Type :	1
	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
	– Hillsborough		-

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



029557405 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number :
Joyce Ely Community Health Center	Date: 09/28/2016
PO Box 1349	Fiscal Year End : I
Ruskin, FL 33575	Audit Status : N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60) #651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Fiscal Year End : N/A Audit Status : N/A						
Curren	t Rate	New R	ate	Effe	ective D	ate
	144.59	1	146.18	3,	10/01/2	016

Number: 029557405

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				
	Hillsborough		_				
Distribution	L <u>n:</u>	W.Rydell	Samuel, Administrator				
Fiscal Agent		Medicaid Cost Reimbursement Analysis					
Contract Mai	nagement						
Permanent F	File						
Program Dev	velopment:						
For	information Only (No Change in rate)						



029557408 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	
Suncoast Mobile Dental Van	

PO Box 1349

Ruskin, FL 33575

Provider Type:

Distribution:

Permanent File

Contract Management

Program Development:

Fiscal Agent

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029557408

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Eff

Effective Date

144.59

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

146.18

10/01/2016

Basis :		Rate Type :]
Budge	t	X	Prospective
Unaud	ited costs		Total Prospective
Desk a	audited costs		Prospective Adjusted for New costs
Field a	udited costs		_
Medic	are - Prospective		Interim
X Payme	ent System Rate		Total Interim
Avera	ge Nursing Home Rate		Settlement based on costs
	Hillsborough		



029557409 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	ا	<u>Medicaid Reimbursement Per Die</u>	em Rates fo	or Non-Inst	<u>titution</u>	al Provide	ers.		
Suncoast Community Health Centers, Inc.			Provider Number: 029557409						
Brandon (Brandon Community Health Center			Date : 09	/28/201	16			
PO Box 4				Fiscal Ye	ar End	: N/A			
Dover, FL 33527				Audit Sta	itus : N/	Ά			
Provider	rovider Type: Current Rate New Rate Eff			Effective Date					
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
X	Federa	lly Qualified Health Centers			144.59	1	146.18 _. /	10/01/2016	
	Hospic	e Provider							
	#65	1 Routine Home Care (1-60)							
	#65	1a Routine Home Care (61 +)							
	#65	2 Continuous Home Care							
	#65	2a Continuous Home Care - SIA							
	#65	5 Inpatient Respite Care							
	#65	6 General Inpatient Care							
	#65	8 Room and Board							
В	asis :]	Rate	e Type :	1				
Budget		L	X	J Prospe	ective				
		- Unaudited costs			- Total I	Prospective	е		
		Desk audited costs			- Prosp	ective Adju	usted for	r New costs	

	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			
	Hillsborough					
Distributi	on:	W.Ryde	ell Samuel, Administrator			
Fiscal Ager	Fiscal Agent		Medicaid Cost Reimbursement Analysis			
Contract M	anagement					
Permanent	File					
Program D	evelopment:					
F	or information Only (No Change in rate)					



029557412 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
Oakfield Community Health Center
13110 Elk Mountain Drive

Riverview, FL 33579

Provider Number: 029557412

Current Rate New Rate

144.59

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

146.18

Basis :	7	Rate Type :]
	Budget	Х	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
	Hillsborough		-

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

W.Rydell Samuel, Administrator



029557414 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers Oakfield Community Dental Care 13110 Elk Mountain Drive

Riverview, FL 33579

Provider Number: 029557414

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

144.59 146.18, 10/01/2016

Effective Date

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
	— Hillsborough		_

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

W.Rydell Samuel, Administrator



029557416 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	_1	<u>lledicaid Reimbursement Per Dien</u>	n Rates for	<u>Non-Ins</u>	<u>titutior</u>	<u>ıal Providers</u>		
Suncoast Community Health Centers, Inc.			Provider Number : 029557416					
SCHC Womens Care of Lakeland				Date : 09	9/28/20	16		
13110 Ell	k Mountain	Dr.		Fiscal Ye	ear End	I : N/A		
Riverview	v, FL 33579	9		Audit Sta	atus : N	/A		
Provider Type:			Current Rate New Rate Eff			ffective Date		
	Rural H	ealth Clinic						
	Swing-E	Bed Provider						
X	Federal	ly Qualified Health Centers			144.59	9 146	5.18/	10/01/2016
	Hospice	e Provider						
	#651	Routine Home Care (1-60)						
	#651	la Routine Home Care (61 +)						
	#652	2 Continuous Home Care						
	#652	2a Continuous Home Care - SIA						
	#65	5 Inpatient Respite Care						
	#656	6 General Inpatient Care						
	#658	Room and Board						
E	Basis :		Rate	Type :	1			
		Budget		X	Prosp	ective		
		Unaudited costs			_ Total	Prospective		
	·	Desk audited costs			Prosp	ective Adjust	ed for	New costs
		Field audited costs			_			
<u> </u>		Medicare - Prospective			_ Interi	m		
	X	Payment System Rate			- Total	Interim		ļ
		Average Nursing Home Rate			Settle	ement based o	on cos	ts
-		Polk			_			
Dis	tribution:		· · · · · · · · · · · · · · · · · · ·	V.Rydell S	Samuel	, Administrato	r U	2
Fisc	cal Agent			/ledicaid (Cost Re	imbursement	Analy	sis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



029557417 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center
Suncoast Mobile Medical Bus
13110 Elk Mountain Drive

Riverview, FL 33579

Provider Number: 029557417

Current Rate New Rate

144.59

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status : N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

146.18_j

Basis :		Rate Type :	
	Budget	×	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
	— Hillsborough	W.S.	_

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

W.Rydell Samuel, Administrator



029557420 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
Wimauma Community Health Center

13110 Elk Mountain Drive

Riverview, FL 33579

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029557420

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate E

Effective Date

144.59

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

146.18

10/01/2016

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
	— Hillsborough		_

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



029557422 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate
Riverview, FL 33579	Audit Status : N/A
13110 Elk Mountain Drive	Fiscal Year End :
Palm River Community Health Center	Date: 09/28/2016
Suncoast Community Health Centers	Provider Number :

Swing-Bed Provider X **Federally Qualified Health Centers**

Hospice Provider

Rural Health Clinic

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:

Fiscal Year End	: N/A		
Audit Status : N	/A		
Current Rate	New Rate	Eff	ective Date
144.59). 14	16.18	10/01/2016

029557422

	1			
	Budget	Х	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	
	Hillsborough			
Distributio	on:	W.Rydel	Il Samuel, Administrator	
Fiscal Agent		Medicaio	Medicaid Cost Reimbursement Analysis	
Contract Ma	nagement			
Permanent I	File			
Program De	evelopment:			
Fo	r information Only (No Change in rate)			

Rate Type :



029561200 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee	County	Rural	Health	Services
ivianalee	County	Rurai	neallii	Services

Provider Number: 029561200

Date: 09/28/2016

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	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
	Manatee		-

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

W.Rydell Samuel, Administrator



029561201 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Heal	th Services- Ba	vshore
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Provider Number: 029561201

Date: 09/28/2016

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34221

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7 1	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
	Manatee		_
stribution	••	VA (5) 11 - 11 - 11	Samuel Administrator RV

Distribution:		
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



029561202 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee	County	Rural	Health	Syce	- Hww	301
wanatee	County	Rurai	Health	SVCS.	- HWV	3U

Provider Number: 029561202

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

P.O. Box 499

Parrish, FL 34219

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



029561203 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manataa	County	Dural	Hoalth	Sor	- Lawton	Chilos
vianatee.	County	Rurai	Health	Ser.	- Lawton	Chiles

Provider Number: 029561203

Date: 09/28/2016

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	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
	Manatee		-
Distribution:		W.Rydell S	Samuel, Administrator
Finant Agent			

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



029561204 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manataa	County	Dural	Health	Sor	Southeast	FHCC
Manatee	County	Rurai	neaun	oer -	Soumeasi	FRUU

Provider Number: 029561204

Date: 09/28/2016

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34203

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 122.98

124.33 j

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:	
Fiscal Agent	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)



029561205 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

٨	lanatee	County	Rural	Health	Ser -	Fast	Manatee	Health
I۷	lanalee	County	Ruiai	пеаш	3ei -	⊏ası	Manatee	пеаш

Provider Number: 029561205

Date: 09/28/2016

P.O. Box 499

Fiscal Year End : N/A

Parrish, FL 34208

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	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
	— Manatee		-
			·

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

W.Rydell Samuel, Administrator



029561206 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Accetoo	Country	Dural Lith	Svc-Mvakka	FUCC
vianatee	County	Rurai Hith	SVC-IVIVAKKA	ГПСС

Provider Number: 029561206

Date: 09/28/2016

Fiscal Year End: N/A

122.98

Audit Status: N/A

P.O.Box 499

Parrish, FI 34251

Current Rate New Rate

Effective Date

10/01/2016

124.33

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	1	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
	 Manatee		

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

W.Rydell Samuel, Administrator



029561207 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	A		0 1 6 4	D:	~ :
Manatee	County I	≺urai Hith	Svc-Infectious	Disease	Ctr

Provider Number: 029561207

Date: 09/28/2016

P.O. Box 499

Fiscal Year End: N/A

Parrish, FI 34203

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33 /

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7		Rate Type :]
	Budget	'	Х	Prospective
	Unaudited costs	1		Total Prospective
	Desk audited costs	'		Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
X	Payment System Rate	1		Total Interim
	Average Nursing Home Rate	'		Settlement based on costs
	 Manatee			-
		<u></u>		

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

W.Rydell Samuel, Administrator



029561210 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee	County	Rural	Health	Ser	- North	CHC	Medical
viai iatee	Country	Nulai	i icalul	OCI.	- 1401.01	\circ	IVICUICAI

Provider Number: 029561210

Date: 09/28/2016

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	コ	Rate Type :	7
	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 Manatee		Settlement based on costs
	wanatee		

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

W.Rydell Samuel, Administrator



029561214 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee	County	Rural	Health	Ser -	Palametto	FHC

Provider Number: 029561214

Date: 09/28/2016

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34221

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

124.33/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
•	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs	<u> </u>	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
	Manatee		_

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п	is	tr	ih		ti	^	n	•

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

029561218 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

14000400	Cauntur	Dural	Llaalth	Condoos	- Westgate
vianatee	County	Rurai	neaun	Services	- vvestdate

Provider Number: 029561218

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status : N/A

P.O. Box 499

Parrish, FL 34219

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

122.98

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

124.33

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	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
	— Manatee		-
-			

str			

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029561220 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

111	O			O	3 O 110
manatee	County Ru	rai Heaitr	1 Services	- Commun	itv Care HC

Provider Number : 029561220

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

P.O. Box 499

Parrish, FL 34219

Provider Type:

Rural Health Clinic

	Swing-E	Bed Provider				
X	Federal	ly Qualified Health Centers		122.98	124.33√	10/01/2016
	Hospice	e Provider				
	#651	1 Routine Home Care (1-60)				
	#651	1a Routine Home Care (61 +)				
	#652	2 Continuous Home Care				
	#652	2a Continuous Home Care - SIA				
	#65	5 Inpatient Respite Care				
	#656	6 General Inpatient Care				
	#658	8 Room and Board				
				-	-	
В	asis :		Rate Type :			
		Pudget		Prospoctivo		

	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		
	Manatee				
Distributi	<u>on:</u>	W.Ryde	ell Samuel, Administrator		
Fiscal Age	nt	Medica	Medicaid Cost Reimbursement Analysis		
Contract M	anagement				
Permanent	File				
Program D	evelopment:				
F	or information Only (No Change in rate)				



029561222 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatas	County	Pural	Health	Services	- Lake	wood
wanatee	County	Rurai	neam	Services	- Lake	wood

Provider Number: 029561222

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 499

Parrish, FL 34219

Basis:

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effectiv	e Date
Current Rate	111111111111111111111111111111111111111	Effectiv 3 _/ 10/0	

	Budget	X	Prospective		
	Unaudited costs		Total Prospective		
	Desk audited costs		Prospective Adjusted for New costs		
	Field audited costs				
	Medicare - Prospective		Interim		
×	Payment System Rate		Total Interim		
	Average Nursing Home Rate		Settlement based on costs		
	Manatee				
<u>Distributi</u>	on:	W.Ryde	ll Samuel, Administrator		
Fiscal Ager	nt	Medicaio	Medicaid Cost Reimbursement Analysis		
Contract M	anagement				
Permanent	File				
Program D	evelopment:				

Rate Type:



029561224 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural County Health Services - Riverviev	lanat	tee Rur	al County	/ Health	Services	- Riverviev
--	-------	---------	-----------	----------	----------	-------------

Provider Number: 029561224

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Parrish, FL 34219

P.O. Box 499

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers** 122.98

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

124.33

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :
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
Manatee	

<u>Distribution:</u>	
Fiscal Agent	
Contract Management	

Permanent File

Program Development:

For information Only (No Change in rate)



029561228 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee	Rurall	Health	Center -	Whole	Child	Pediatrics

Provider Number: 029561228

Date: 09/28/2016

P.O. Box 499 Fisca

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

Parrish, FL 34219

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

124.33

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :	1
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
Manatee		_

<u>Distribution</u>	<u>ገ:</u>
Fiscal Agent	

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



029561230 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee	Rural	Health	Center -	General	Surgery
vialiatee	Nulai	1 ICalli	OCHICH -	OCHOIG	Our GCI V

Provider Number: 029561230

Date: 09/28/2016

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	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
	Manatee		_

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

W.Rydell Samuel, Administrator

029561233 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee	County	Rual Health	Services	
IVIAI IALCC	County	rtual i lealtii	OCI VICES	

River Landings OB/GYN

PO Box 499

Parrish, FL 34219

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029561233

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Effe

Effective Date

122.98

124.33/

10/01/2016

Basis:	1	Rate Type :	7
	Budget	×	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
	— Manatee		_

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

W.Rydell Samuel, Administrator



029561236 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services	
North County Family Vision Center	

PO Box 499

Parrish, FL 34219

Provider Number: 029561236

Current Rate New Rate

122.98

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

10/01/2016

124.33/

Basis :		Rate Type :	
1	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
	Sarasota	-	_

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

W.Rydell	Samuel	, Admin	istrator



029561238 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manataa	County	Dural	Hoalth	Services,	Inc
vianatee	County	Rurai	neaim	Services.	, inc.

Provider Number: 029561238

Date: 09/28/2016

PO Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	— Manatee		-

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

W.Rydell Samuel, Administrator



029561240 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		i alianassee, Fi	orida 32308	•				
		Medicaid Reimbursement Per Dien	n Rates for	Non-Ins	titutior	nal Providers		
Manatee	County F	Rural Health Services		Provider	Numbe	er : 029561240		
Bradento	n Family	Medical		Date: 09	9/28/20	16		
PO Box 4	499			Fiscal Ye	ear End	I : N/A		
Parrish, F	FL 34219)		Audit Sta	atus : N	/A		
Provider	Type:			Current	t Rate	New Rate	Effe	ctive Date
	Rural	Health Clinic						
	Swing	g-Bed Provider						
X	Feder	ally Qualified Health Centers			122.98	3 124.3	33/	10/01/2016
	Hospi	ice Provider					•	
	#6	551 Routine Home Care (1-60)						
	#6	551a Routine Home Care (61 +)						
	#6	552 Continuous Home Care						
	#6	552a Continuous Home Care - SIA						
	#6	555 Inpatient Respite Care						
	#6	556 General Inpatient Care						
	#6	558 Room and Board						
E	Basis :		Rate	Type :]			
		Budget		X	Prosp	ective		
		Unaudited costs			Total	Prospective		
		Desk audited costs			Prosp	ective Adjusted	d for Ne	ew costs
		Field audited costs						
	-	Medicare - Prospective			Interi	m		
	X	Payment System Rate			Total	Interim		
		Average Nursing Home Rate			Settle	ement based on	costs	
-		Manatee			_			
<u>Dis</u>	tribution	<u>n:</u>	٧	/.Rydell S	Samuel,	, Administrator	Fr	,
Fisc	cal Agent		N	ledicaid C	Cost Re	imbursement A	nalysis	;

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

__ For information Only (No Change in rate)



029561242 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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<u>.N</u>	Medicaid Reimbursement Per Diem	Rates for	Non-Inst	itution	al Providers		
Manatee County Rural Health Services Provider Number : 029561242							
Arcadia Childrens Health Care Date: 09/28/2016							
PO Box 499			Fiscal Ye	ar End	: N/A		
Parrish, FL 34219			Audit Sta	tus : N	/A		
Provider Type:			Current	Rate	New Rate	Effe	ective Date
Rural He	ealth Clinic						
Swing-E	Bed Provider						
X Federal	y Qualified Health Centers			122.98	124.	33/	10/01/2016
Hospice	Provider						
#651	Routine Home Care (1-60)						
#651	a Routine Home Care (61 +)						
#652	Continuous Home Care						
#652	a Continuous Home Care - SIA						
#655	Inpatient Respite Care						
#656	General Inpatient Care						
#658	Room and Board						
Basis:		Rate	Type :]			
	Budget		X	Prosp	ective		
	Unaudited costs			Total	Prospective		l
	Desk audited costs			Prosp	ective Adjuste	d for N	ew costs
	Field audited costs			-			
	Medicare - Prospective			- Interir	n		
×	Payment System Rate			Total	Interim		
	Average Nursing Home Rate			Settle	ment based or	n costs	
	Desoto			•			
<u>Distribution:</u>		V	V.Rydell S	amuel,	Administrator	F	

Fiscal Agent

Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

029561249 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Cou	inty Rural	Health	Services-	Riverside Dr	

Provider Number: 029561249

Date: 09/28/2016

PO Box 997

Fiscal Year End: N/A

Palmetto, FL 342200997

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.98

124.33

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	
	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
	_ Manatee		-

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

W.Rydell Samuel, Administrator



029561251 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svc-DeSoto	Prov
Community Care Family Healthcare Ctr	Date

P.O Box 997

Palmetto , FI 34220

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider	Number	:	029561251
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Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Effective Date

122.98 124.33) 10/01/2016

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

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

W.Rydell Samuel,	Administrator
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029561254 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural HIth Svc	Provider Number
Comm Care Family Clinic Counseling Svc	Date: 09/28/2016
PO Box 15949	Fiscal Year End :

Belfast, ME 04915 Audit Status : N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Fiscal Year End : N/A	

Number: 029561254

Current Rate New Rate

122.98 124.33_i 10/01/2016

Effective Date

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
	Desoto		_

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

W.Rydell Samuel, Administrator



029561255 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	ranariacco,						
	Medicaid Reimbursement Per Di	em Rates for	Non-Inst	itution	al Providers		
Manatee	Manatee County Rural Hith Svc Provider Number : 029561255						
Manatee	Village Dental Ctr		Date: 09/28/2016				
1312 Ma	natee Ave E		Fiscal Ye	ar End	: N/A		
Bradento	on, FI 34208		Audit Sta	tus : N/	Ά		
Provide	т Туре:		Current	Rate	New Rate	Ef	fective Date
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers			122.98	124	.33	10/01/2016
	Hospice Provider						
	#651 Routine Home Care (1-60)						
	#651a Routine Home Care (61 +)						
	#652 Continuous Home Care						
	#652a Continuous Home Care - SIA						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						
E	Basis :	Rate	Type :				
	Budget		X	Prosp	ective		
	Unaudited costs			Total I	Prospective		
	Desk audited costs			Prosp	ective Adjuste	ed for I	New costs
	Field audited costs	-		,			
	Medicare - Prospective	-		Interin	n		
	X Payment System Rate			Total I	nterim		·
	A			·			

	Desk addited costs	Prospective Aujusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
Х	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	Manatee	
Distributio	<u>n:</u>	W.Rydell Samuel, Administrator
Fiscal Agent Medicaid Cost Reimbursement Analysi		
Contract Ma	nagement	
Permanent F	File	
Program De	velopment;	
For	r information Only (No Change in rate)	



Provider Type:

Florida Agency for Health Care Administration

029561257 - 2016/10

Effective Date

10/01/2016

: 029561257

124.33

N/A

Current Rate New Rate

122.98

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc	Provider Number :
Twin Rivers Medical Ctr	Date: 09/28/2016
P.O Box 15949	Fiscal Year End : N
Belfast, ME 34220	Audit Status : N/A

Swing-Bed Provider

Rural Health Clinic

X Federally Qualified Health Centers

Hospice Provider #651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

et idited costs audited costs		Х	Prospective Total Prospective
			Total Prospective
audited costs			
addition 000to			Prospective Adjusted for New costs
audited costs			_
care - Prospective			 Interim
nent System Rate			Total Interim
age Nursing Home Rate			Settlement based on costs
i	l audited costs icare - Prospective ment System Rate age Nursing Home Rate Desoto	icare - Prospective ment System Rate age Nursing Home Rate	icare - Prospective ment System Rate age Nursing Home Rate

Average Nursing Home Rate	
Desoto	
Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rate)

W.Rydell Samuel, Administrator	
Medicaid Cost Reimbursement Analysis	



029561262 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

		i alianassee, F	lorida 32308			
		Medicaid Reimbursement Per Die	m Rates for Non-li	nstitutio	nal Providers	
Ma	anatee County	Rural Hlth Svc-SCMC	Provid	er Numb	er : 029561262	
South County Medical Ctr			Date :	09/28/20	116	
PC	Box 15949	5949 Fiscal Year End : N/A				
Ве	lfast, ME 049	15	Audit Status : N/A			
Pr	ovider Type:		Curre	ent Rate	New Rate	Effective Date
	Rura	al Health Clinic				
	Swir	ng-Bed Provider				
	X Fede	erally Qualified Health Centers		122.9	8 124.3	10/01/2016
	Hos	pice Provider				•
	#	651 Routine Home Care (1-60)				
	#	651a Routine Home Care (61 +)				
	#	652 Continuous Home Care				
	#	652a Continuous Home Care - SIA				
	#	655 Inpatient Respite Care				
	#	656 General Inpatient Care				
	#	658 Room and Board				
	Basis :		Rate Type :			
		Budget	Х	Pros	pective	
		Unaudited costs		Total	Prospective	
		Desk audited costs		Pros	pective Adjusted	I for New costs
		Field audited costs				
		Medicare - Prospective		Interi	m	
	X	Payment System Rate		Total	Interim	
		Average Nursing Home Rate		Settle	ement based on	costs
		Desoto				
	Distribution	<u>on:</u>	W.Ryde	ll Samuel	, Administrator	F
	Fiscal Agen	t	Medicaio	Cost Re	eimbursement A	nalysis
	Contract Ma	anagement				

Contract Management

Permanent File

Program Development:

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029561264 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per Dien	n Rates for Non-Ins	stitutior	nal Providers	
Manatee	County I	Rural Health Svc	Provide	r Numbe	er : 029561264	
Community Care Family Clinic 707 N 12th Ave			Date : 0	9/28/20	16	
			Fiscal Y	ear End	d : N/A	
Arcadia, Fl 34266			Audit St	atus : N	I/A	
Provider	r Type:		Currer	ıt Rate	New Rate	Effective Date
	Rura	l Health Clinic				
	Swin	g-Bed Provider				
X	Fede	rally Qualified Health Centers		122.98	8 124.3	33/ 10/01/201
	Hosp	ice Provider				•
	#	651 Routine Home Care (1-60)				
	#	651a Routine Home Care (61 +)				
	#	652 Continuous Home Care				
	#(652a Continuous Home Care - SIA				
	#(655 Inpatient Respite Care				
	#(656 General Inpatient Care				
	#	658 Room and Board				
E	Basis :	7	Rate Type :			
L		Budget	X	⊐ Prosp	pective	
•		Unaudited costs		– Total	Prospective	
		Desk audited costs		– Prosp	ective Adjusted	d for New costs
		Field audited costs		_		
		Medicare - Prospective		— Interi	m	
	Χ	Payment System Rate		— Total	Interim	
		Average Nursing Home Rate		– Settle	ement based or	ı costs
		Desoto		_		
Dis	tributio	<u>n:</u>	W.Rydell	Samuel	, Administrator	R
Fisc	cal Agent		Medicaid	Cost Re	eimbursement A	nalysis
Cor	ntract Ma	nagement				

Fiscal Agent
Contract Management
Permanent File
Program Development:

____ For information Only (No Change in rate)

029561265 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee Florida 32308

			Tallahassee, F	lorida 3230	8				
		ل	Medicaid Reimbursement Per Die	m Rates fo	r Non-Inst	titutior	nal Providers		
Ма	natee C	ounty Ru	ral Hith Svc		Provider	Numbe	er : 029561265		
Мо	bile Eye	Care			Date : 09	/28/20	16		
12	271 US	Hwy 301	N		Fiscal Ye	ar End	I : N/A		
Pa	rrish, FI 34219 Au			Audit Sta	itus : N	/A			
Pre	ovider T	ype:			Current	Rate	New Rate	Eff	ective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers			122.98	3 124.3	33_	10/01/2016
		Hospic	e Provider						
		#65	1 Routine Home Care (1-60)						
		#65	1a Routine Home Care (61 +)						
		#65	2 Continuous Home Care						
		#65	2a Continuous Home Care - SIA						
		#65	5 Inpatient Respite Care						
		#65	6 General Inpatient Care						
		#65	8 Room and Board						
	Ва	sis :		Rate	Type :				
			Budget		Х	Prosp	ective		
			Unaudited costs			Total	Prospective		
			Desk audited costs			Prosp	ective Adjusted	1 rof b	New costs
		-	Field audited costs			-			
			Medicare - Prospective	· · · · · · · · · · · · · · · · · · ·		Interi	m		
		Χ	Payment System Rate			_ Total	Interim		
			Average Nursing Home Rate			Settle	ement based on	costs	S
			Manatee			_			
L	Distr	ibution:			W.Rydell S	Samuel	, Administrator	F	/
	Fisca	l Agent		-	Medicaid C	Cost Re	eimbursement A	nalys	sis

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



029561268 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc
North Tuttle Family Hlth Ctr
220 North Tuttle Ave

Sarasota, FI 34237

Date: 09/28/2016

Fiscal Year End: N/A

Provider Number: 029561268

Audit Status: N/A

Provider Type:

Х

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

122.98

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Current Rate New Rate

124.33/

10/01/2016

Effective Date

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	Manatee		_

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



029565500 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers
Johnnie Ruth Clarke Health Center
1344 22nd Street S.

St. Petersburg, FL 33705

Provider Number: 029565500

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers X

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

> 111.23 112.45 10/01/2016

Basis :	7	Rate Type :]
	Budget	X	Prospective
	Unaudited costs	- 1011	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
	Pinellas	-	_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

029565501 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health	Cantare -	Clearwater
COMMUNIC	пеаш	Centers -	Clearwater

Provider Number: 029565501

Date: 09/28/2016

707 Druid Rd E

Fiscal Year End: N/A

Clearwater, FL 337563951

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

111.23

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	Х	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
	Pinellas		-

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

W.Rydell Samuel, Administrator

029565503 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Community	/ Health	Center	at Pinellas	Park
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Provider Number: 029565503

Date: 09/28/2016

7550 43rd Street N

Fiscal Year End : N/A

Pinellas Park, FL 337813601

Audit Status : N/A

Provider Type:

X

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

111.23

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

112.46,

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	
	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
	- Pinellas		

<u>Distribution</u> :	:
Fiscal Agent	

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029565512 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		_	
Community	Haalth	Contor	l araa
SUITHINITIEV	Healin	Cellel -	Laiuu

Provider Number: 029565512

Date: 09/28/2016

Fiscal Year End: N/A

111.23

Audit Status: N/A

12420 - 130th Ave

Largo, FL 337741950

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

Contract Management

Program Development:

Permanent File

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effectiv	e Date
--------------------------------	--------

112.45

10/01/2016

Basis:		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Pinellas		_
istributio	<u>n:</u>	W.Rydell	Samuel, Administrator
scal Agent		Modiocid	Cost Reimbursement Analysis



029565514 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health	Centers	ത	Tarnon

Provider Number: 029565514

Date: 09/28/2016

247 S. Huey Avenue

Fiscal Year End : N/A

Tarpon Springs, FL 346894205

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

111.23

112.46

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]		Rate Type :	
	Budget	-	Х	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
	- Pinellas			_

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029565516 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	/ Health	Centers	at	Bay	vfront

Provider Number: 029565516

Date: 09/28/2016

PO Box 10549

Fiscal Year End: N/A

St. Petersburg, FL 337330549

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 111.23

Medicaid Cost Reimbursement Analysis

112.45

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	
	Budget	×	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
 	— Pinellas		
istribution	<u>ı:</u>	W.Rydell	Samuel, Administrator

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						_	

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

029565519 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers of Pinellas	Provider Number :
Community Health Centers of Pinellas	Provider Number

Clearwater Dental

PO Box 10549

St Petersburg, FL 337330549

029565519

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

> 112.45 10/01/2016 111.23

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
Pinellas		_

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

W.Rydell Samuel, Administrator



029565521 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health	Centers of Pinellas-	St Petershura
JOHIHIUHILV FICALLI	Centers of Fillelias-	or Leferandia

Provider Number: 029565521

Date: 09/28/2016

PO Box 10549

Fiscal Year End: N/A

St Petersburg, FL 337330549

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

X Federally Qualified Health Centers

111.23

112.45 10/01/2016

Hospice Provider

Rural Health Clinic

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	— Pinellas		-

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

W.Rydell Samuel, Administrator

029565523 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	1 1 141-	A	D 1!
'Ammiliaity	HABITA	(Antare	.i ii inaaiin

Provider Number: 029565523

Date: 09/28/2016

PO Box 10549

Fiscal Year End: N/A

St Petersburg, FI 33733

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 111.23

112.45

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :	1
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
Pinellas		_

<u>Distri</u>	<u>bution:</u>
Fiscal	Agent

W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



029568000 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr.,	Inc.	Mowahitchka	Medical Ct	r
North Et. Medical Cir.,	. Inc	vvewaniichka	Medical Cu	ı

Provider Number: 029568000

Date: 09/28/2016

2804 Remington Green circle

Fiscal Year End: N/A

Tallahassee, FL 32308

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

106.96

108.14

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



029568001 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Me	edical Ctr. Inc Wakulla N	Medical Ctr
--------------	---------------------------	-------------

Wakulla Medical Center

2804 Remington Green circle

Tallahassee, FL 32308

Provider Number: 029568001

Date: 09/28/2016

Fiscal Year End: N/A

106.96

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

108.14

10/01/2016

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
×	Payment System Rate	-		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	— Wakulla	-		-
			-	

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

W.Rydell Samuel, Administrator



029568005 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr., Inc Tri County FHCC	Provider Number: 029568005
Tri County Family Health Care	Date: 09/28/2016
2804 Remington Green circle	Fiscal Year End : N/A

Tallahassee, FL 32308 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers 106.96 108.14, 10/01/2016

#651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care

#658 Room and Board

Basis :	}	Rate Type :	
	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
	Madison		
istribution:			Samuel, Administrator

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



029568009 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc May	0
Mayo Health Services	

2004 5

2804 Remington Green circle

Tallahassee, FL 32308

Provider Number: 029568009

Date: 09/28/2016

Fiscal Year End: N/A

106.96

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

108.14√

10/01/2016

Basis:	7	Rate Type :	
	Budget	×	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
	 Lafayette		_

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

W.Rydell Samuel, Administrator



029568010 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center			
Madison Medical Center			
2804 Remington Green Cir Ste 2			

Tallahassee, FL 323081550

Date: 09/28/2016

Provider Number: 029568010

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

Hospice Provider

X Federally Qualified Health Centers

106.96

Current Rate New Rate

108.14 / 10/01/2016

Effective Date

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell	Samuel,	Administrator	



029568012 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FI.	Medical	Ctrs	Inc	- Family	Medical	Practice

Provider Number: 029568012

Date: 09/28/2016

2804 Remington Green circle

Fiscal Year End: N/A

Tallahassee, FL 32308

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

106.96

108.14

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator

Analysis



029568013 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical	Ctrs., Inc.	 Gadsden 	Medical	Center

Gadsden Medical Center

2804 Remington Green circle

Tallahassee, FL 32308

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029568013

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Effective Date

106.96

108.14√

10/01/2016

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

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

W.Rydell Samuel, Administrator



029568030 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nia-de Ei	Madiant	04	C 4 ! - 4	N 4 11 1	0
NOM FL.	Medical	Center -	Eastpoint	medical	Center

Eastpoint Medical Center

2804 Remington Green circle

Tallahassee, FL 32308

Provider Number: 029568030

Date: 09/28/2016

Fiscal Year End: N/A

106.96

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

108.14

10/01/2016

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
	 Franklin		-

Fiscal Agent
Contract Management

Distribution:

Permanent File

Program Development:

_____ For information Only (No Change in rate)

029570100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health	Centers of	f SW Florida	- Downtown	Ft Myers

Provider Number: 029570100

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	 Lee		_

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

W.Rydell	Samuel,	Adm	inistra	tor



029570101 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Labelle

Provider Number: 029570101

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 109.27

110.47 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :]
Budget		X	Prospective
Unaudite	d costs		Total Prospective
Desk aud	lited costs		Prospective Adjusted for New costs
Field aud	ited costs		-
Medicare	- Prospective		Interim
X Payment	System Rate		Total Interim
Average	Nursing Home Rate		Settlement based on costs
	Lee		-

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

W.Rydell Samuel, Administrator

029570102 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health	Cantara	of CIM	Florida	Ponita	Springe
allilly i icalui	CELICIS	UI 3 V V	i iuiua -	DUIIII	SUITIUS

Provider Number: 029570102

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	 Lee		_

<u>Distribution:</u>	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

R

_____ For information Only (No Change in rate)

029570103 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number: 029570103

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :]
	Budget	X	Prospective
	Unaudited costs	<u> </u>	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
	Lee		_

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

RV

029570105 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	<u> </u>		-		
Family Health	Centers	of SW	Florida -	- Leiah	Acres

Provider Number: 029570105

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	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
· ·	 Lee		_
-			

<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

R

029570106 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health	Centers	of SM/	Florida -	North Et	Myare
ramiiv meaiin	Centers	OI SVV I	riorida -	INORD FI	ivivers

Provider Number: 029570106

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
·	Lee		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

R

029570107 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	_				
Family Health	Centers of	of S.W.	Florida -	Paul La	wrence

Provider Number: 029570107

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	 Lee		_

<u>Distri</u>	bution	:
Fiscal	Agent	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

R

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

029570109 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health	Centers of	of S.W. !	Florida -	Metro	Parkway

Provider Number: 029570109

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	
	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
	Lee		-

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

W.Rydell Samuel, Administrator

PO

029570110 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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-anni	lealui Cei	ileis. Oi a	3.VV. FIL	mua - c	aue c	uiai

Provider Number: 029570110

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

Rural Health Clinic

X Federally Qualified Health Centers

109.27

110.47 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	Lee		_

Distribution :	
Fiscal Agent	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

R/

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

029570111 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health	Centers	of S W	Florida -	Broadway	/ Dental
railliv nealti	Centers	UI 3. VV.	riuliua -	· Di Jauway	Delita

Provider Number: 029570111

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :]
	Budget	×	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
	Lee		_

<u>Distri</u>	<u>bution:</u>
Fiscal.	Agent

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

RV

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

029570112 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

			_	
Family Health	Centers	of SW Florida	Inc - Port	Charlotte

Provider Number: 029570112

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis:	Ì		Rate Type :	
`		Budget	'	Х	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
'	·	_ Lee			_
					71.00

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

W.Rydell Samuel, Administrator

029570115 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

amily HIth	Ctr of SW	Florida -	Pine	Island
allilly i liui		i ionua -		ısıaııu

Provider Number: 029570115

Date: 09/28/2016

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator

029570117 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health	Centers	of SW	Florida	- Tamiami	Trail
allilly i icalli	CELICIS	01 3 7 7	i iuliua	- Ialillalill	ı ı aıı

Provider Number: 029570117

Date: 09/28/2016

PO Box 1357

Fiscal Year End: N/A

Fort Myers, FL 339021357

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 109.27

110.47 J 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:	
Fiscal Agent	

W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

029570118 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida	
South Fort Myers Medical Center	
PO Box 1588	

Fort Myers, FL 33902

Provider Number: 029570118

Date: 09/28/2016

Fiscal Year End: N/A

109.27

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Poom and Board

Current Rate New Rate Effective Date

110.47

10/01/2016

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

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

029570120 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth Centers of SW FL - Bonita Spring	onita Springs	FL -	SW	Centers o	Hith	Family
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Provider Number: 029570120

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 1588

Ft. Myers, FL 33902

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	Lee		_

200	
Distribution:	_
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rate))

W.Rydell Samuel,	Administrator
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029570122 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Eamily Hitl	h Ctr of S	W Florida -	 Broadway / 	Δ۷۵
allilly i liu		W I IUIIUa -	Dicadway	~~~

Provider Number: 029570122

Date: 09/28/2016

Fiscal Year End: N/A

109.27

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Audit Status: N/A

P.O. Box 1588

Ft. Myers, FL 33902

Provider Type: Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

Current Rate	New Rate	Effective Date

110.47

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

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



Permanent File

Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

029570125 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

		ralialiassee, rii	011da 32300			
		Medicaid Reimbursement Per Dien	n Rates for Non-Ins	stitutior	nal Providers	
Family H	ealth Ce	nters of SW Florida	Provide	r Numbe	er : 029570125	i i
Cape Coral Health Center		Date : 0	9/28/20	16		
PO Box 1357		Fiscal Y	ear End	d : N/A		
Fort Mye	rs, FL 3	3902	Audit St	atus : N	I/A	
Provider	Type:		Currer	nt Rate	New Rate	Effective Date
	Rura	l Health Clinic				
	Swin	g-Bed Provider				
x	Fede	rally Qualified Health Centers		109.27	7 110.4	47./ 10/01/2016
	Hosp	pice Provider				
	#	651 Routine Home Care (1-60)				
	#	651a Routine Home Care (61 +)				
	#	652 Continuous Home Care				
	#	652a Continuous Home Care - SIA				
	#	655 Inpatient Respite Care				
	#	656 General Inpatient Care				
	#	658 Room and Board				
E	Basis :		Rate Type :			
		Budget	×	Prosp	pective	
		Unaudited costs		— Total	Prospective	
		Desk audited costs		Prosp	pective Adjuste	d for New costs
		Field audited costs		_		
		Medicare - Prospective		_ Interi	m	
	X	Payment System Rate		Total	Interim	
		Average Nursing Home Rate		Settle	ement based or	n costs
		Lee		_		
Dis	tributio	<u>on:</u>	W.Rydell	Samuel	, Administrator	
Fisc	cal Agent	t	Medicaid	Cost Re	eimbursement A	Analysis
Cor	ntract Ma	inagement				

029570127 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Eamily Health	Contore	of SM/ Florida -	Kinas Hwv #210	
allilly libaliki	Centers	UI SVV FIUNUA •	KINUS NWV #Z IU	

Provider Number: 029570127

Date: 09/28/2016

PO Box 1357

Fiscal Year End: N/A

Fort Myers, FL 339021357

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :]
	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
	 Charlotte		-

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

W.Rydell Samuel, Administrator



029570129 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family	Hith	Ctr o	٦f	SW	Florid	a-Ha	nie	Dr
allilly	Huu	Ou t	"	9 V V	Floriu	a-ı ıa	UIC	יט

Provider Number: 029570129

Date: 09/28/2016

Fiscal Year End: N/A

109.27

Audit Status: N/A

P.O. Box 1357

Fort Meyers, FI 33902

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current	Rate	New Rate	Effective Date

110.47

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
	 Lee		_

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

W.Rydell Samuel, Administrator

029570131 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family	Hlth	Ctre	of SIM	EI -	FGCU

Provider Number: 029570131

Date: 09/28/2016

10501 FGCU Blvd South

Fiscal Year End: N/A

Fort Myers, FI 33965

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

109.27

110.47

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	
	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
	Lee		_

Dis	tri	bu	ıtic	on:	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029572800 - 2016/10

Effective Date

10/01/2016

151.01/

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Community		of Couth	
VIBIALITATION.	nealin	or some	FIOUR

Provider Number: 029572800

Current Rate New Rate

149.37

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status : N/A

10300 S.W. 216th Street

Miami, FL 33190

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#6	652a Continuous Home Care - SIA	\	
#6	655 Inpatient Respite Care		
#6	656 General Inpatient Care		
#6	658 Room and Board		
Basis :	<u> </u>	Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
v	Davis and Overton Data		T-4-1 late vice

	modicals i tospodito	internit
Χ	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	Dade	
Distributio	nn'	W. D. dell On and Administrator
Distributio	<u>/11.</u>	W.Rydell Samuel, Administrator
Fiscal Agent	t	Medicaid Cost Reimbursement Analysis
Contract Ma	nagement	
Permanent I	File	
Program De	velopment:	
Fo	r information Only (No Change in rate)



029572801 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health	of South	Florida
	ricaitii	or ooutri	i ioriaa

Provider Number: 029572801

Date: 09/28/2016

810 West Mowry Street

Fiscal Year End: N/A

Homestead, FL 33030

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 149.37

151.01 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	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		_
Distribution	<u>n:</u>	W.Rydell	Samuel, Administrator

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

_____ For information Only (No Change in rate)

029572804 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number: 029572804
W. Perrine Health Ctr	Date: 09/28/2016
17623 Homestead Avenue	Fiscal Year End · N/A

Perrine, FL 33157 Audit Status: N/A

Provider Type: Current Rate New Rate **Effective Date**

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers 151.01 J 10/01/2016 X 149.37

Hospice Provider #651 Routine Home Care (1-60)

#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care

#651a Routine Home Care (61 +)

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	7
	Budget	×	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
	Dade		_
<u>Distributio</u>	<u>n:</u>	W.Rydell Samuel, Administrator	

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



029572805 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Prov
Naranja Health Center	Date

13890 S.W. 264 Street

Homestead, FL 33030

riomesicau, i E 30000

Basis:

Х

Provider Number: 029572805

Date: 09/28/2016

Fiscal Year End: N/A

149.37

Audit Status: N/A

Provider Type:

X

Rural Health Clinic Swing-Bed Provider Current Rate New Rate Effective Date

151.01

10/01/2016

Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Rate Type :	
Budget	×	Prospective
Unaudited costs		Total Prospective
Desk audited costs		Prospective Adjusted for New costs
Field audited costs		
Medicare - Prospective		Interim
Payment System Rate		Total Interim
Average Nursing Home Rate	-,,,,,,,	Settlement based on costs
Dade		_

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

W.Rydell	Samuel,	Administrator
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029572809 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida- Everglades	Provider Number: 029572809
Everglades Health Ctr	Date: 09/28/2016
19200 SW 380th St	Fiscal Year End : N/A

Provider Type:

Florida City, Fl 33030

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Audit Status : N/A

151.01_j

Current Rate New Rate

149.37

Basis :		Rate Type :	1
240.01	l Budget	X	_l 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
	 Dade		_
Distributio	<u>n:</u>	W.Rydell S	Samuel, Administrator
Fiscal Agent		Medicaid Cost Reimbursement Analysis	
Contract Mar	nagement		
Permanent F	ile		
Program Dev	velopment:		



029572810 - 2016/10

151.01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comm HIth of S. Florida-S Dade South Dade Health Center 13600 SW 312th St

Provider Number: 029572810

Current Rate New Rate

149.37

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

Audit Status: N/A

Effective Date

10/01/2016

Provider Type:

Homestead, FI 33090

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	1	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
	 Dade		_

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator



029572815 - 2016/10

Effective Date

10/01/2016

151.01.

State of Florida Office of 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	Hoolth .	of Courth	Elorido	Louro	Coundara	
Community	nealth	บเ ออนแก	rionaa -	Laura	Saunders	⊏iem

Provider Number: 029572815

Current Rate New Rate

149.37

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 SW 216 Street

Miami, FL 33190

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#(658 Room and Board		
Basis :		Rate Type :	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
	— Dade	****	_

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

W.Rydell	Samuel,	Administrator



029572817 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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-ommi inity	HEDDITH OF	SOUTH	FIORIGS -	. HOMASTAGA	SADIOT HIGH

Provider Number: 029572817

Current Rate New Rate

Medicaid Cost Reimbursement Analysis

149.37

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 SW 216 St

Fiscal Agent

Permanent File

Contract Management

Program Development:

Miami, FL 33190

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

151.01

Basis:		Rate Type :	
	Budget	×	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
	Dade		_
Distribution	n:	W Rydell S	Samuel, Administrator



029572819 - 2016/10

Effective Date

10/01/2016

151.01/

State of Florida Office of 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 -	Cope	South
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Provider Number: 029572819

Current Rate New Rate

149.37

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

10300 SW 216 St

Miami, FL 33190

Provider Type:

Basis:

Х

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Budget

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	Total Interim
	Settlement based on costs

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

Average Nursing Home Rate

W.Rydell	Samuel,	Administrator	٢
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029572821 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	1114	4 0		OLU Davia	1
vini immo. I	Health o	t South	Finrina -	· CHI Doris	ison

Provider Number: 029572821

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status : N/A

15790 SW 307 Street Homestead, FL 33035

idan olalao . i iii i

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Current Rate New Rate

151.01 *J*

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

029572824 - 2016/10

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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

Camanamit. (Haalth	of Courth Florida	Marathan Ha	alth Cantar
Community Health	oi souin Fiorias -	· waramon nea	ann Center

Provider Number: 029572824

Date: 09/28/2016

Fiscal Year End: N/A

149.37

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

Program Development:

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date
Sufferit Rate	New Nate	Ellective Date

Basis:		Rate Type :	
Budget	X	Prospective	
Unaudited costs			Total Prospective
<u> </u>	Desk audited costs		Prospective Adjusted for New cost
*****	Field audited costs		_
<u>. </u>	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Dade		_
istributio	<u>n:</u>	W.Rydell	Samuel, Administrator
scal Agent	:	Medicaid	Cost Reimbursement Analysis
ontract Ma	nagement		
ermanent F	File		



029572826 - 2016/10

Effective Date

151.01 10/01/2016

State of Florida Office of 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 o	f South Florida - Moton	Elementary Sch

Provider Number: 029572826

Current Rate New Rate

149.37

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status : N/A

10300 S.W. 216th Street

Basis:

Miami, FL 33190

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Care (1-60)		
Care (61 +)		
me Care		
ome Care - SIA		
te Care		
nt Care		
^r d		
	Rate Type :	7
	X	□ Prospective
		Total Prospective
sts		Prospective Adjusted for New costs

	Budget	X Prospective	
•	Unaudited costs	Total Prospective	
	Desk audited costs	Prospective Adjusted for New costs	3
	Field audited costs		
	Medicare - Prospective	Interim	
	X Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	
	Dade		
	<u>Distribution:</u>	W.Rydell Samuel, Administrator	
	Fiscal Agent	Medicaid Cost Reimbursement Analysis	_
	Contract Management		
	Permanent File		
	Program Development:		
	For information Only (No Change in rate)	



029572827 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health	of Courth	Elorido	Comphall	Drive Middle
Sommunity mealth	oi Soutii	riorida -	Campbell	Drive Middle

Provider Number: 029572827

Date: 09/28/2016

Fiscal Year End: N/A

149.37

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

151.01

10/01/2016

Basis :			Rate Type :	
	Budget		Х	Prospective
	Unaudited costs	_		Total Prospective
	Desk audited costs	_		Prospective Adjusted for New costs
	Field audited costs			-
	Medicare - Prospective	_		Interim
×	Payment System Rate	-		Total Interim
	Average Nursing Home Rate			Settlement based on costs
	_ Dade			-
			17/	

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

W.Rydell Samuel, Adr	ministrator
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029572828 - 2016/10

10/01/2016

State of Florida Office of 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	- Colonial Driv	e Flem

Provider Number: 029572828

Date: 09/28/2016

Fiscal Year End: N/A

149.37

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

C D4-	Now Date	Effective Date
Current Rate	New Rate	Effective Date

151.01_j

Basis :		Rate Type :	
	Budget	×	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	<u></u>	Settlement based on costs
	 Dade		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

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029572829 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<u> </u>	1114 6	O 0-	The state of the	A	B. Att at all a
Community	Health of	South	Florida - H.A	Ammons	Middle

Provider Number: 029572829

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
Bud	dget	×	Prospective
Una	audited costs		Total Prospective
Des	sk audited costs		Prospective Adjusted for New costs
Fiel	ld audited costs		•
Med	dicare - Prospective		Interim
X Pay	yment System Rate		Total Interim
Ave	erage Nursing Home Rate		Settlement based on costs
	Dade		•

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

W.Rydell Samuel, Administrator



029572830 - 2016/10

Effective Date

10/01/2016

151.01

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health	of South Florida -	· Bowman Ashe	Doolin 6-8

Provider Number: 029572830

Current Rate New Rate

149.37

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Provider Type:

Basis:

Х

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective Payment System Rate

Budget

Rate Type :	
X	_l Prospective
	_I _Prospective _Total Prospective
	•
	Total Prospective

Average Nursing Home Rate Dade	
Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in	rate

W.Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysis

Total Interim

Settlement based on costs



029572831 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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	CHIBILLATION	neamo	и опин	-попоа -		. remuson	Seilia

Provider Number: 029572831

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

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10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :	
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
Dade		-

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

W.Rydell	Samuel,	Administrator

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Florida Agency for Health Care Administration

029572832 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health of	South	Florida	- South	Dade	Senior
COHIHIUHILY	i i c aitii o	Journ	lollua	- South	Dauc	

Provider Number: 029572832

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		_

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Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

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029572833 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	11446	0	- l : - l -	\A/ A	^L	-1
Cmmulnity	HASITH OF	SOLITO	FIORIDA	- VV A	t .nanman	FIRM

Provider Number: 029572833

Date: 09/28/2016

Fiscal Year End: N/A

149.37

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

151.01

10/01/2016

Basis :		Rate Type :	7
	Budget	×	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
	 Dade		_

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

W.Rydell Samuel, Administrator



029572835 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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	ommunity	Health of	South	Florida -	West	Miami	Middle

Provider Number: 029572835

Date: 09/28/2016

Fiscal Year End: N/A

149.37

151.01

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Current Rate New Rate

Effective Date

10/01/2016

Provider Type:

Basis:

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Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator

029572837 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Communi	v Health	of South	Florida -	Braddock	Senior
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Provider Number: 029572837

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 S.W. 216th Street

Miami, FL 33190

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		•
	Medicare - Prospective		Interim
×	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
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029572852 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Community	Health o	i South	Fiorida -	riadami	Elem.

Provider Number: 029572852

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

Miami, FL 331901003

10300 SW 216th Street

Current Rate New Rate Effec

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

		1
Budget	X	Prospective
Unaudited costs		Total Prospective
Desk audited costs		Prospective Adjusted for New costs
Field audited costs		•
Medicare - Prospective		Interim
Payment System Rate		Total Interim
Average Nursing Home Rate		Settlement based on costs
Dade		
[Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029572853 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Hoolth	of C	Elorida	Avocado	Flom
Sommunity	nealin	UI 3.	riorida -	Avocado	Elem.

Provider Number: 029572853

Date: 09/28/2016

Fiscal Year End: N/A

149.37

Audit Status: N/A

10300 SW 216th Street

Miami, FL 331901003

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

151.01,

10/01/2016

łΙ	Dasis .	1	itate 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		
		Dade				
	Distribution	<u> </u>	W.Rydell S	Samuel, Administrator		
	Fiscal Agent		Medicaid C	Medicaid Cost Reimbursement Analysis		
	Contract Mana	agement				
	Permanent Fil	e				
	Program Deve	elopment:				



029572854 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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:Ommi	HAZITA	\cap	FIORIDA -	AIRNACA	⊢l≏m

Provider Number: 029572854

Date: 09/28/2016

10300 SW 216 Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis:		Rate Type :	
_		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
-		_ Dade		-

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

W.F	Rydell	Samuel,	Admir	nistrator	



029572855 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	/ Health	of S.	Florida	- FL	City	Elem

Provider Number: 029572855

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

10300 SW 216th Street

Miami, FL 331901003

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell	Samuel,	Administrator



029572856 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Flori	ida - Homestead Middle
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Provider Number: 029572856

Date: 09/28/2016

10300 SW 216th Street Miami, FL 331901003 Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	Dade		_

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

W.Rydell	Samuel,	Administrator
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029572857 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community				A A .: !!	N 4: -1 -1 1 -
Ommilinity	HASITA (אר זר	FIORIDA -	MACMAIIIAN	MINAME

Provider Number: 029572857

Date: 09/28/2016

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	
Budget		×	Prospective
Unaudited costs			Total Prospective
Desk audited co	sts		Prospective Adjusted for New costs
Field audited cos	sts		-
Medicare - Pros	pective		Interim
X Payment System	n Rate		Total Interim
Average Nursing	Home Rate		Settlement based on costs
Da	nde		-

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

W.Rydell Samuel, Administrator

BV



029572858 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	/ Health	of S	Florida	- Perrine	Flam
Community	nealm	UI O.	riuilua	- Pernine	

Provider Number: 029572858

Current Rate New Rate

Date: 09/28/2016

10300 SW 216th Street

Fiscal Year End: N/A

Audit Status: N/A

Miami, FL 331901003

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:	
Fiscal Agent	
Contract Management	

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029572859 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S Florida - Redondo E	-lem
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Provider Number: 029572859

Date: 09/28/2016

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers X

149.37

151.01/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Dade		_

Distribution:

Fiscal Agent

W.Rydell Samuel, Administrator

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



029572868 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health of S.	. Florida -	Royal Green	Elem

Provider Number: 029572868

Date: 09/28/2016

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01*j*

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :	
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
Dade		

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

Medicaid	Cost	Reimbursement	t Anal	ysis

W.Rydell Samuel, Administrator



029572870 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health	of S	Florida	- South	Wood	Middle
	neami	01 0	rionua	- 304111	VVUUU	wildule

Provider Number: 029572870

Date: 09/28/2016

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 149.37

151.01 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :	
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
Dade		-

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

W.Rydell Samuel, Administrator



Permanent File

Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

029572875 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

			Tallatiassec,	1 101144 0200	0				
			Medicaid Reimbursement Per Di	em Rates fo	r Non-Ins	titutior	nal Providers		
Community Health of South Florida				Provider Number: 029572875					
Sou	ıth Miaı	mi Health	Center		Date : 09	9/28/20	16		
103	00 SW	216th St	reet		Fiscal Ye	ear End	I : N/A		
Mia	mi, FL	3319010	003		Audit Sta	atus : N	/A		
Provider Type:			Current	Rate	New Rate	Eff	fective Date		
		Rural I	lealth Clinic						
		Swing	Bed Provider						
	X	Federa	Illy Qualified Health Centers			149.37	7 151.	01/	10/01/2016
		Hospic	e Provider						
		#65	51 Routine Home Care (1-60)						
		#65	51a Routine Home Care (61 +)						
		#65	52 Continuous Home Care						
		#65	52a Continuous Home Care - SIA						
		#65	55 Inpatient Respite Care						
		#65	66 General Inpatient Care						
		#65	8 Room and Board						
	Ва	nsis :		Rate	Туре :				
			Budget		Х	Prosp	ective		
			Unaudited costs			Total	Prospective		
			Desk audited costs			Prosp	ective Adjuste	d for N	New costs
			Field audited costs			_			
_			Medicare - Prospective			Interi	m		
_		X	Payment System Rate			Total	Interim		
_			Average Nursing Home Rate			Settle	ement based or	n cost	s
			Dade						
	Dist	ribution		\	W.Rydell S	Samuel	, Administrator	F	· ·
	Fisca	l Agent		Ī	Medicaid (Cost Re	imbursement /	Analys	sis
	Conti	ract Mana	agement						



029572876 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
West Homestead Elementary
10300 SW 216th Street

Miami, FL 331901003

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029572876

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Effective Date

149.37

151.01

10/01/2016

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
	Dade		-

5440	
Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rate))

W.Rydell	Samue	I, Admir	nistrator



029572890 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Rates for Non-Ins	titution	al Providers	
		iai i Tovideis	
Provider	Numbe	er : 029572890	
Date : 09	9/28/20	16	
Fiscal Y	ear End	: N/A	
Audit Sta	atus : N	/A	
Curren	t Rate	New Rate	Effective Date
	149.37	151.0	10/01/2016
			•
Rate Type :	7		
X	∟ Prosp	ective	
	- Total	Prospective	
	– Prosp	ective Adjusted	I for New costs
	-		
	- Interir	n	
	- Total	Interim	
	- Settle	ment based on	costs
	_		
W.Rydell S	Samuel,	Administrator	R.
Medicaid (Cost Re	imbursement A	nalysis
	Rate Type : X	Pate: 09/28/20 Fiscal Year End Audit Status: N Current Rate 149.37 X Prosp Total Prosp Interir Total Settle W.Rydell Samuel,	149.37 151.0 Rate Type :

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029572895 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
West Kendall Health Center
10300 SW 216th Street

Miami, FL 331901003

Provider Number: 029572895

Date: 09/28/2016

Fiscal Year End: N/A

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

151.01/

10/01/2016

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
	 Dade		_

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



029572897 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Coconut Grove Health Center
10300 SW 216th Street
Miami, FL 331901003

Audit Status : N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number : 029572897

Date: 09/28/2016

Fiscal Year End : N/A

iddit Oldido : 1171

Current Rate New Rate

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

151.01

10/01/2016

Effective Date

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
x	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Dade		_

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



029574400 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number: 029574400

Date: 09/28/2016

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach,, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.60

123.95√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	Okeechobee		_

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

W.Rydell Samuel, Administrator



029574402 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FΙ	Community	Health	Ctrs-	Clewiston
_	COLLINIALITY	I ICaili I	Ou 3	CICWISTON

Provider Number: 029574402

Date: 09/28/2016

Fiscal Year End : N/A

122.60

Audit Status: N/A

4450 South Tiffany Drive

West Palm Beach,, FL 33407

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

123.95_√

10/01/2016

0) +) - SIA

Basis :	1	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
	Okeechobee		_
Distributio	<u>n:</u>	W.Rydell	Samuel, Administrator
Fiscal Agent		Medicaid	Cost Reimbursement Analysis
Contract Ma	nagement		
Permanent F	File		
Program De	velopment:		



029574403 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL	Community	/ Health	Ctrs-	Indiantown

Provider Number: 029574403

Date: 09/28/2016

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach,, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

122.60

123.95

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

029574404 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

-1	Community	1146	Ot	_	D:
-1	t .cmmilinity	Health	U.IFS-	-1	Pierce

Provider Number: 029574404

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

122.60

4450 South Tiffany Drive

West Palm Beach,, FL 33407

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Pate	Effective Date
Current Rate	new Rate	Enective Date

123.95/

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
	Okeechobee		_

Distribution:		
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



029574406 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL C	ommunity	Health	Ctrs-	Lakeshore	Medical
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Provider Number: 029574406

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

4450 South Tiffany Drive

West Palm Beach,, FL 33407

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

122.60

123.95

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	Okeechobee		_

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$oldsymbol{-}$	13	.,	v	u	u	v		٠

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029574418 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

F١	Community	Health	Centers	- Pahokee
	COMMINICA	11001111		- I allonce

Provider Number: 029574418

Date: 09/28/2016

4450 S. Tiffany Drive

Fiscal Year End: N/A

West Palm Beach, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.60

123.95

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:		
Fiscal Agent		
Contract Management		
Permanent File		
Program Development:		
For information Only (No Change in rat	e)	

W.Rydell Samuel, Administrator



029574420 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FΙ	Community	Health	Center -	Moore	Haven
	Community	nealli	Center -	· MOORE	naven

Provider Number: 029574420

Date: 09/28/2016

4450 S. Tiffany Drive

Fiscal Year End: N/A

Audit Status: N/A

West Palm Beach, FL 334073241

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.60

123.95

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7 1	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
	Glades		_

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

W.Rydell Samuel, Administrator



029574422 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida	Community	/ Health	Centers	 Stuart
IOIIGA	Community	, i icailii	CCITICIS	- Oluai l

Provider Number: 029574422

Date: 09/28/2016

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach, FL 334073241

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.60

123.95*J*

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Martin		-

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

W.Rydell Samuel, Administrator



Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

029574424 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

	i alianassee, F	iorida 32308					
	Medicaid Reimbursement Per Die	m Rates for Non-Ins	titutior	nal Providers			
Florida Co	ommunity Health Center	Provider	Provider Number : 029574424				
Ft. Pierce	OB	Date : 09	9/28/20	16			
4450 Sou	ıth Tiffany Drive	Fiscal Y	ear End	I : N/A			
West Pali	m Beach, FL 334073241	Audit Sta	atus : N	/A			
Provider	Type:	Curren	t Rate	New Rate	Eff	fective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers		122.60	123.	95 /	10/01/2016	
	Hospice Provider				•		
	#651 Routine Home Care (1-60)						
	#651a Routine Home Care (61 +)						
	#652 Continuous Home Care						
	#652a Continuous Home Care - SIA						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						
В	Basis:	Rate Type :	7				
	Budget	X	∟ Prosp	ective			
	Unaudited costs		- Total	Prospective			
	Desk audited costs		– Prosp	ective Adjuste	d for N	New costs	
	Field audited costs		-				
	Medicare - Prospective		– Interir	m			
	X Payment System Rate		– Total	Interim			
	Average Nursing Home Rate		– Settle	ement based or	n costs	S	
	St Lucie		_				
Dis	tribution:	W.Rydell S	 Samuel,	, Administrator	- R	~	
Fisc	al Agent			eimbursement A		is	
Con	tract Management						
Perr	manent File						



029574426 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Ctr	Provider Number: 029574426
Darwin Square Center	Date: 09/28/2016
4450 South Riffany Dr	Fiscal Year End : N/A

West Palm Beach, FI 33407 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers 122.60 123.95, 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +) #652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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 St Lucie		Settlement based on costs

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

W.Rydell Samuel, Administrator

037527610 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dramiar	Community	Haalthaara	Croun	1
Premier	Community	neammare	Group.	IIIC

Provider Number: 037527610

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

PO Box 232

Dade City, FL 33526

Current Rate New Rate

145.93

Effective Date

10/01/2016

147.54/

Provider Type:

Basis:

Х

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Budget

Rate Type :	
X	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs
	-

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

Average Nursing Home Rate

W.Rydell Samuel, Administrator



060551401 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_	_			_
Rond	Commi	inity H	lealth.	Cantar
DUITU	COILLIN	41 IILV I I	Calul	Center

Provider Number: 060551401

Date: 09/28/2016

1720 S. Gadsden St.

Fiscal Year End: N/A

Tallahassee, FL 32314

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

115.11

116.38

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :]
Budget	ŀ	X	Prospective
Unaudited	costs		Total Prospective
Desk audit	ed costs		Prospective Adjusted for New costs
Field audite	ed costs		-
Medicare -	Prospective		Interim
X Payment S	ystem Rate		Total Interim
Average N	ursing Home Rate		Settlement based on costs
	Leon		-

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



060551402 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dand ($^{\sim}$	Llaalth	A	\A/aat	Orange
DONIO (nealli	ASSUL-	vvesi	CHARGE

Provider Number: 060551402

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

1720 S Gadsden St

Tallahassee, FI 32310

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 115.11

116.38

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7		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
	 Leon	-		-

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

W.Rydell	Samuel,	Administrator



060551404 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

			_
2004	Community	Health	Cantar
ou lu	COMMINICAL	ı ı c aıtı ı	Center

Provider Number: 060551404

Date: 09/28/2016

1720 S. Gadsden St.
Tallahassee, FL 32310

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

115.11

116.38 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Program Development:

Basis :]	Rate Type :				
	Budget Unaudited costs	X	Prospective			
			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			
	Leon					
Distributio	<u>n:</u>	W.Rydell	Samuel, Administrator			
Fiscal Agent		Medicaid	Cost Reimbursement Analysis			
Contract Ma	nagement					
Permanent F	File					

060551405 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Clinic THA Health Center at Joe Louis

Tallahassee, FL 323015506

1720 S. Gadsden Street

Provider Number: 060551405

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

> 115.11 116.38 10/01/2016

١٢	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
-		Leon		_

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

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator



060551408 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond S	pecialty	and	Wellness	Center

Provider Number: 060551408

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

1720 S. Gadsden Street

Tallahassee, FL 323015506

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

115.11

116.38

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



060638308 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_			
Commu	nitv	Health	Centers

Johnnie Ruth Clarke Health Center

PO Box 10549

St Petersburg, FL 337330549

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 060638308

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Effective Date

111.23

112.45√

10/01/2016

Basis :	7	Rate Type :]
	Budget	×	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
	Pinellas		-

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

W.Rydell Samuel, Administrator



Permanent File

Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

262263706 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

		Medicaid Reimbursement Per Dien	n Rates fo	r Non-Ins	titutior	nal Providers		
Neighborhood Medical Center			Provider Number : 262263706					
Havana	Havana Middle School			Date : 09	9/28/20	16		
438 Wes	st Brevard	l street		Fiscal Ye	ear End	I : N/A		
Tallahas	see, FL	32301		Audit Sta	itus : N	/A		
Provide	r Type:			Current	Rate	New Rate	Ef	fective Date
	Rural	l Health Clinic						
	Swin	g-Bed Provider						
X	Fede	rally Qualified Health Centers			111.39	112	.62√	10/01/2016
	Hosp	ice Provider						
	#6	651 Routine Home Care (1-60)						
	#6	651a Routine Home Care (61 +)						
	#6	652 Continuous Home Care						
	#	652a Continuous Home Care - SIA						
	#6	655 Inpatient Respite Care						
	#6	656 General Inpatient Care						
	#	658 Room and Board						
	Basis :		Rate	Туре :	1			
		Budget		Х	Prosp	ective		
		Unaudited costs			- Total	Prospective		
		Desk audited costs			Prosp	ective Adjuste	ed for l	New costs
		Field audited costs		_	_			
		Medicare - Prospective			Interi	m		
	X	Payment System Rate			_ Total	Interim		
		Average Nursing Home Rate			Settle	ement based o	n cost	s
,		Gadsden						
Dis	stributio	<u>n:</u>		W.Rydell S	Samuel	, Administrato	r #	· /
Fis	cal Agent		_			imbursement		sis
Coi	ntract Ma	nagement					-	



262263707 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
Havana Elementary School
438 West Brevard Street

Tallahassee, FL 32301

Provider Number : 262263707

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

111.39 112.62 10/01/2016

	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
-		- Gadsden		-

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



262263708 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
Havana Heights PH Clinic
438 West Brevard Street

Tallahassee, FL 32301

Provider Number: 262263708

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

> 112.62^J 111.39

10/01/2016

Basis :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Gadsden		-

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



Permanent File

Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

262263709 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	Medicaid Reimbursement Per Di	iem Rates for N	on-Instituțio	nal Providers	<u>i</u>		
Neighborhood Medical Center		Pi	Provider Number: 262263709				
Lincoln C	enter	D	Date: 09/28/2016				
438 West	Brevard Street	Fi	scal Year Er	nd : N/A			
Tallahass	see, FL 32301	A	udit Status :	N/A			
Provider	Type:	c	urrent Rate	New Rate	Eff	ective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers		111.3	39 112	2.62 ુ	10/01/2016	
	Hospice Provider						
	#651 Routine Home Care (1-60)						
	#651a Routine Home Care (61 +)						
	#652 Continuous Home Care						
	#652a Continuous Home Care - SIA						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						
В	Basis:	Rate Ty	pe:				
	Budget	Х	Pros	spective			
	Unaudited costs		Tota	I Prospective			
	Desk audited costs		Pros	spective Adjust	ed for N	lew costs	
	Field audited costs						
	Medicare - Prospective		Inte	rim			
ļ	X Payment System Rate		Tota	al Interim			
	Average Nursing Home Rate		Sett	lement based o	on costs	,	
	Leon					ļ	
Dist	tribution:	W.F	Rydell Samue	el, Administrato	or P	/	
Fisc	al Agent			teimbursement		is	
Con	tract Management						



262263710 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center	Provider Number: 262263710
Smith Williams Center	Date: 09/28/2016
438 West Brevard Street	Fiscal Year End : N/A

Tallahassee, FL 32301 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers 111.39 112.62 √ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	lΓ	Rate Type :]
		-	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
	 Leon	-		_

W.Rydell Samuel, Administrator

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



262263711 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

	Tallahassee, Flo	orida 32308					
	Medicaid Reimbursement Per Dien	n Rates for Non-Institutional Providers					
Neighbor	hood Medical Center	Provider Number : 262263711					
C V Butle	er Bldg	Date: 09/28/2016					
38 West	t Brevard Street	Fiscal Year End : N/A					
allahass	see, FL 32301	Audit Status : N/A					
Provider	Type:	Current Rate New Rate Effective Date					
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers	111.39 112.62 10/01/2016					
	Hospice Provider						
	#651 Routine Home Care (1-60)						
	#651a Routine Home Care (61 +)						
	#652 Continuous Home Care						
	#652a Continuous Home Care - SIA						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						
В	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					
	Gadsden						
Dis	tribution:	W.Rydell Samuel, Administrator					
Fisc	cal Agent	Medicaid Cost Reimbursement Analysis					
Con	tract Management						

Permanent File

Program Development:

_____ For information Only (No Change in rate)



680002500 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern, Inc.	Provider Number : 680002500
	Date: 09/28/2016

336 N.W. Fifth Street Fiscal Year End : N/A
Miami, FL 331281616 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers 149.37 151.01√ 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#658 Room and Board

#656 General Inpatient Care

Basis :]	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		-

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

W.Rydell Samuel, Administrator



680002505 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	ل	Medicaid Reimbursement Per Dier	n Rates fo	r Non-Ins	titution	al Providers			
Camillus	Camillus Health Concern			Provider Number : 680002505					
Salvation	Army			Date: 09	/28/20	16			
336 NW	5th Street			Fiscal Ye	ear End	I : N/A			
Miami, Fl	L 3312816	16		Audit Sta	itus : N	/A			
Provider	Type:			Current	Rate	New Rate	Effective Date		
	Rural H	ealth Clinic							
	Swing-l	Bed Provider							
X	Federa	lly Qualified Health Centers			149.37	7 151.	01/	10/01/2016	
	Hospic	e Provider					·		
	#65	1 Routine Home Care (1-60)							
	#65	1a Routine Home Care (61 +)							
#652 Continuous Home Care									
	#65	2a Continuous Home Care - SIA							
	#65	5 Inpatient Respite Care							
	#65	6 General Inpatient Care							
	#65	8 Room and Board							
E	Basis :	7	Rate	Type :	7				
-		Budget	<u> </u>	X	∟ Prosp	ective			
	<u> </u>	Unaudited costs			- Total	Prospective			
		Desk audited costs			- Prosp	ective Adjuste	d for I	New costs	
		Field audited costs			_				
		Medicare - Prospective			– Interir	m			
	X	Payment System Rate			_ Total	Interim			
		Average Nursing Home Rate			Settle	ement based or	n cost	S	
		Dade							
Dis	tribution:		\	W.Rydell S	Samuel	, Administrator	B	/	
Fiscal Agent			Ī	Medicaid Cost Reimbursement Analysis					

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)



Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

680002506 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		1	Medicaid Reimbursement Per Dier	n Rates for Non-Ir	stitutio	nal Providers			
Ca	Camillus Health Concern			Provide	Provider Number : 680002506				
Ca	Camillus House			Date :	09/28/20	16			
336	NW 5	th Street		Fiscal '	Year End	: N/A			
Mia	mi, FL	33128161	6	Audit S	status : N	I/A			
Pro	vider 1	Гуре:		Curre	nt Rate	New Rate	Ef	fective Date	
		Rural He	ealth Clinic						
		Swing-E	ed Provider						
	X	Federall	y Qualified Health Centers		149.3	7 151	.01,/	10/01/2016	
		Hospice	Provider						
		#651	Routine Home Care (1-60)						
		#651	a Routine Home Care (61 +)						
		#652	Continuous Home Care						
		#652	a Continuous Home Care - SIA						
		#655	Inpatient Respite Care						
		#656	General Inpatient Care						
		#658	Room and Board						
ſ	Ва	isis :		Rate Type :	7				
			Budget	X	— Prosp	pective			
			Unaudited costs		— Total	Prospective			
			Desk audited costs		Prosp	pective Adjuste	ed for	New costs	
			Field audited costs		_				
	-		Medicare - Prospective		Interi	m			
		X	Payment System Rate		 Total	Interim			
			Average Nursing Home Rate		Settle	ement based o	n cost	s	
			Dade						
	Dist	ribution:	I	W.Rydell	Samuel	, Administrator	THE		
	Fisca	l Agent				eimbursement		sis	
	Cont	ract Manag	jement						
	Perm	anent File							



680002508 - 2016/10

Effective Date

10/01/2016

151.01 🗸

Current Rate New Rate

149.37

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern	Provider Number : 680002508
Better Way of Greater Miami	Date: 09/28/2016
336 NW 5th Street	Fiscal Year End : N/A
Miami, FL 331281616	Audit Status : N/A

Provid	der T	ype:
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Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#6	352a Continuous Home Care - SIA		
#6	555 Inpatient Respite Care		
#6	656 General Inpatient Care		
#6	658 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
X	Payment System Rate		Total Interim
	Average Nursing Home Pate		Settlement based on costs

Dade	Oction on based on costs
Distribution:	W.Rydell Samuel, Administrator
Fiscal Agent	Medicaid Cost Reimbursement Analysis
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)



680002515 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comillius	Hoolth	Concern	7+6	A
Camillus	Health	Concern	- / m	Ave

Provider Number : 680002515

Date: 09/28/2016

336 NW 5th Street

Fiscal Year End : N/A

Miami, FL 331281616

Audit Status: N/A

Provider Type:

X

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		- Interim
×	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

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680005000 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

		Tallariassee, T	101108 32300						
	Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers								
Treasure	Coast Co	ommunity Health	Pro	Provider Number : 680005000					
Fellsmer	e		Da	te: 09/28/20	16				
12196 C	R 512		Fis	cal Year End	: N/A				
Fellsmer	e, FL 329	48	Au	dit Status : N	/A				
Provider	Type:		Cı	urrent Rate	New Rate	Ef	fective Date		
	Rural	Health Clinic							
	Swing	-Bed Provider							
X	Federa	ally Qualified Health Centers		141.27	7 142	.83√	10/01/2016		
	Hospi	ce Provider							
	#6	51 Routine Home Care (1-60)							
	#6	51a Routine Home Care (61 +)							
	#6	52 Continuous Home Care							
	#6	52a Continuous Home Care - SIA							
	#6	55 Inpatient Respite Care							
	#6	56 General Inpatient Care							
	#6	58 Room and Board							
	Basis :	7	Rate Typ)e :					
		Budget	X	Prosp	pective		Ì		
		Unaudited costs	-	Total	Prospective				
		Desk audited costs		Prosp	pective Adjuste	ed for I	New costs		
		Field audited costs							
		Medicare - Prospective		 Interir	m				
	X	Payment System Rate		Total	Interim				

Х	Payment System Rate	i otal Interim		
Average Nursing Home Rate		Settlement based on co		
	Indian River			
Distributio	<u>n:</u>	W.Rydell Samuel, Administrator		
Fiscal Agent		Medicaid Cost Reimbursement Analys		
Contract Ma	nagement			
Permanent F	File			
Program Dev	velopment:			
For	r information Only (No Change in rate)			



680005001 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trascura	Coast	Community	Health -	. Vero
reasure	Coasi	Community	neam -	vero

Provider Number: 680005001

Date: 09/28/2016

12196 CR 512

Fiscal Year End: N/A

Fellsmere, FL 32948

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

141.27

142.83/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	Budget	×	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
	Indian River		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



680005002 - 2016/10

142.83 10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure.	Coast	Community	/ Health -	Vero2

Provider Number: 680005002

141.27

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

12196 County Rd. 512 Fellsmere, FL 32948

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

____ For information Only (No Change in rate)

#658 Room and Board

Contract Management

Program Development:

Permanent File

Current Rate	New Rate	Effective Date

Basis :		Rate Type :		
	Budget	X	Prospective	
	Unaudited costs		Total Prospective	
·	Desk audited costs		Prospective Adjusted for New cost	
	Field audited costs			
	Medicare - Prospective		Interim	
X	Payment System Rate	· · · · · · · · · · · · · · · · · · ·	Total Interim	
	Average Nursing Home Rate		Settlement based on costs	
	Indian River		-	
istributio	<u>n:</u>	W.Rydell	Samuel, Administrator	
scal Agent		Medicaid Cost Reimbursement Analysis		



680005011 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_		_			
l reasure	Coast	Comm	Mental	Health	-Fellsmere

Provider Number: 680005011

Date: 09/28/2016

12196 CR 512

Fiscal Year End: N/A

Fellsmere, FI 32948

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

141.27

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

142.83/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

<u>Distribution:</u>	
Fiscal Agent	

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



680027100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

D	O	0	English to	1.1 101-	0 1	1
Broward	Comm	Č.	Family	Health	Centers.	Inc

Provider Number: 680027100

Date: 09/28/2016

2518 N State Rd. 7

Fiscal Year End: N/A

Hollywood, FI 33021

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

145.22

146.82

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:	7	Rate Type :]
	Budget	×	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
	— Broward	-	-

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

680027102 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community FH - North Powerline Road

Provider Number: 680027102

Date: 09/28/2016

168 North Powerline Road

Fiscal Year End: N/A

Pompano Beach, FL 33069

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

Rural Health Clinic

X Federally Qualified Health Centers

145.22

146.82/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:	コ	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
	Broward		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rat	e)

N.Rydell S	Samuel,	Administrator
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680027104 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

7	Ca	. 0	Family Health	Mant Dank
Srowarn	Community	\sim	ramiiiv mealin	- west Park

Provider Number: 680027104

Date: 09/28/2016

5010 Hollywood Blvd., Ste 100B

Fiscal Year End: N/A

Hollywood, FL 33021

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

145.22

146.82√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	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
	Broward		_

<u>Distribution:</u>	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
Contract Management Permanent File	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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680027106 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health Centers
Central Broward Community Health Center
5010 Hollywood Blvd, Ste 100B

Audit Status : N/A

Date : 09/28/2016

Provider Number: 680027106

Fiscal Year End : N/A

145.22

Provider Type:

Hollywood, FL 330216557

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

Program Development:

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Surrent Rate	New Rate	Effective Date

146.82

	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		_
	Distribution	<u>:</u>	W.Rydell S	Samuel, Administrator
	Fiscal Agent		Medicaid (Cost Reimbursement Analysis
	Contract Man	agement		
	Permanent Fi	le		

680027108 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward C	% mm %	Family	Hlth	Ctrs-Powerline	Rd
Diowald C	,01111111111111111111111111111111111111	1 allilly		Cus-i Owelline	i vu

Provider Number : 680027108

Date: 09/28/2016

5010 Hollywood Blvd

Fiscal Year End: N/A

Hollywood, FI 33021

Audit Status: N/A

Provider Type:

X

Current Rate New Rate

Effective Date

Swing-Bed Provider

Rural Health Clinic

Federally Qualified Health Centers

145.22

146.82/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	— Broward		_

<u>Distribution</u>	<u>ı:</u>
Fiscal Agent	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

R

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

680996100 - 2016/10

124.33 /

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Count	v Health Ser - Arcadia FHC	Provider Number : 680996100

Date: 09/28/2016

122.98

P.O. Box 499 Fiscal Year End : N/A

Parrish, FL 34219 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

For information Only (No Change in rate)

Budget

Basis:

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	— — Interim
	— Total Interim
	Settlement based on costs

Field audited costs	
Medicare - Prospectiv	Interim
X Payment System Rate	Total Interim
Average Nursing Hon	Rate Settlement based or
Desoto	
<u>Distribution:</u>	W.Rydell Samuel, Administrator
Fiscal Agent	Medicaid Cost Reimbursement
Contract Management	
Permanent File	
Program Development:	

681471900 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care-Dundee

Provider Number: 681471900

149.37

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

950 CR 17A West

Avon Park, FI 33825

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

_			
Current Rate	New Rate	Effective Date	

151.01₄

10/01/2016

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

<u>Distribution:</u>	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

681969900 - 2016/10

143.40/ 10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	–		~ .
Community Health Centers.Inc	c Eatonville	Med/Dent	Center

Provider Number: 681969900

Date: 09/28/2016

Fiscal Year End: N/A

141.84

Audit Status: N/A

P.O. Box 4099

Apopka, FI 32704

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Ra	ata Naw	Pate	Effective	Data
Current Ra	ate new	Rate	Enecuve	Date

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Orange		_
Distributio	<u>n:</u>	W.Rydell	Samuel, Administrator
Fiscal Agent		Medicaid	Cost Reimbursement Analysis
Contract Ma	nagement		
Permanent F	File		
Program De	velopment:		



682960100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family H	leaith Center-Hoπner
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Provider Number: 682960100

Date: 09/28/2016

5449 South Semoran Blvd

Fiscal Year End: N/A

Orange, Fl 32822

Audit Status: N/A

Provider Type:

X

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

111.45

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

112.67 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

lΓ	Basis :		Rate	Type :]
_		Budget	7	X	Prospective
_		Unaudited costs			Total Prospective
_		Desk audited costs	<u></u>		Prospective Adjusted for New costs
_		Field audited costs			_
_		Medicare - Prospective			Interim
	Х	Payment System Rate			Total Interim
-		Average Nursing Home Rate		ν.	Settlement based on costs
-		Orange			_

<u>Dis</u>	<u>tribu</u>	tion:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

683710700 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_			_			
Tamna	Community	Health	Center.	. Mohile	Medical	Center

Provider Number: 683710700

Date: 09/28/2016

P.O. Box 82969

Fiscal Year End: N/A

Audit Status: N/A

Tampa, FL 33682

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

123.47

124.83

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

ist			

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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683955003 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Horizon PC0	Collier	Health	Services -	Horizon	PCC
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Provider Number: 683955003

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 12229

Naples, FL 34101

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



683955005 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Collier HIt	n Svc-Cr	eekside l	Pediatrics
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Provider Number: 683955005

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P.O Box 12229

Naples, FI 34101

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

149.37	151.01√	10/01/2016

X	Prospective Total Prospective Prospective Adjusted for New costs Interim
	Prospective Adjusted for New costs
	- ' '
	— Interim
	— Interim
	IIICIIII
	Total Interim
	Settlement based on costs
	

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

W.Rydell Samuel, Ad	dministrator
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683955006 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health	Sandage	Donald	MaDona	٦IA
Collier Health	Services -	Ronaid	MCDona	aici

Provider Number: 683955006

149.37

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

P. O. Box 12229

Naples, FL 34101

Provider Type:

.

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current	Data	New Rate	Effective Date
Current	Rate	New Rate	Effective Date

151.01√

10/01/2016

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
	Not Selected		_

<u>Distribution:</u>	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

683955010 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health	Services	Inc - Countryside (Childrens I	Dental
Comer ricaiur	OCIVICES.	iiio - Couliu yaide i	Cillidi Elis i	Jenitai

Provider Number: 683955010

Date: 09/28/2016

1454 Madison Avenue

Fiscal Year End: N/A

Imokalee, FL 33934

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

151.01√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

U	IS	tr	'nb	u	tı	О	r	1	:	

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



683955012 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Calliar Haal	th Condoos	. Inc FSU	Drimon	Cara
Collier Heal	in Services	. Inc F5U	Primarv	Care

Provider Number: 683955012

Date: 09/28/2016

1454 Madison Avenue

Fiscal Year End: N/A

Imokalee, FL 33934

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

151.01*J*

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	
	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
	Collier		_

D	<u>is</u>	tr	il	b	u	ti	0	n	:
			_						

Fiscal Agent

Contract Management

Permanent File

Program Development:

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683955014 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services
UF Pediatric Dental Center

1454 Madison Ave W

Immokalee, FL 341422200

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 683955014

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate Effective Date

149.37 151.01/ 10/01/2016

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

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

W.Rydell	Samuel,	Administrator
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683955017 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Die	m Rates for	Non-Inst	itution	al Providers	<u>i</u>	
Collier Hea	th Services	Provider Number : 683955017					
Creekside F	Family Practice		Date : 09	/28/201	16		
PO Box 122	229		Fiscal Ye	ar End	: N/A		
Naples, FL	341012229		Audit Sta	tus : N/	'A		
Provider T	уре:		Current	Rate	New Rate	Effe	ective Date
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers			149.37	151	I.01	10/01/2016
	Hospice Provider					•	
	#651 Routine Home Care (1-60)						
	#651a Routine Home Care (61 +)						
	#652 Continuous Home Care						
	#652a Continuous Home Care - SIA						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						
Bas	sis :	Rate	Type :]			
	Budget		x .	ן Prosp∈	ective		
	Unaudited costs			Total i	Prospective		

	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	
	Collier			
Distr	ibution:	W.Ryde	Il Samuel, Administrator	
Fiscal	Agent	Medicaid Cost Reimbursement Analysis		
Contra	act Management		•	
Perma	anent File			
Progra	am Development:			
	For information Only (No Change in rate)			



683955019 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services				
Womens Care Naples				
1454 Madison Ave				

Immokalee, FL 341422200

Provider Number: 683955019

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

149.37 151.01 10/01/2016

Basis :	1		Rate Type :	1
	Budget	•	×	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
	Collier	•		-

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



683955021 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers							
Collier Health Services			Provider Number : 683955021					
Total W	omens Care	e		Date: 09	9/28/20	16		
1454 M	ladison Ave			Fiscal Ye	ear End	: N/A		
Immok	alee, FI 341	42		Audit Sta	atus : N	/A		
Provid	er Type:			Current	t Rate	New Rat	e Ei	ffective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
X	Federa	ally Qualified Health Centers			149.37	7. 1	151.01	10/01/2016
	Hospid	ce Provider						
	#6	51 Routine Home Care (1-60)						
	#6	51a Routine Home Care (61 +)						
	#6	52 Continuous Home Care						
	#6	52a Continuous Home Care - SIA						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care						
	#6	58 Room and Board						
	Basis :]	Rate	Type :	7			
<u> </u>		Budget		X	Prosp	ective		
		Unaudited costs			_ Total	Prospectiv	е	
		Desk audited costs			Prosp	ective Adj	usted for	New costs
		Field audited costs			_			
		Medicare - Prospective	-		_ Interir	m		
	X	Payment System Rate			_ Total	Interim		
		Average Nursing Home Rate			Settle	ment base	d on cos	ts
		Collier			_			
<u>D</u>	istribution	<u> </u>	l	V.Rydell S	Samuel,	, Administra	ator #	
Fiscal Agent		_			imburseme		sis	
С	ontract Man	agement					·	
P	ermanent Fi	le						
Р	rogram Deve	elopment:						

_ For information Only (No Change in rate)



683955023 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers Collier Health Svc Provider Number: 683955023 Friendship HIth Ctr Date: 09/28/2016 1454 Madison Ave Fiscal Year End: N/A Audit Status: N/A Immokalee, FI 34142 **Provider Type:** Current Rate New Rate **Effective Date Rural Health Clinic Swing-Bed Provider** 151.01J 10/01/2016 Х **Federally Qualified Health Centers** 149.37 **Hospice Provider** #651 Routine Home Care (1-60) #651a Routine Home Care (61 +) #652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Basis: Prospective Х Budget Unaudited costs **Total Prospective** Desk audited costs Prospective Adjusted for New costs Field audited costs Medicare - Prospective Interim Payment System Rate **Total Interim** Х Average Nursing Home Rate Settlement based on costs Collier **Distribution:** W.Rydell Samuel, Administrator Fiscal Agent Medicaid Cost Reimbursement Analysis

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



683955024 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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	шаг	HADITH	>\/C-\	V R A L . A	ĸa

Provider Number: 683955024

Date: 09/28/2016

Fiscal Year End: N/A

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Audit Status: N/A

5450 YMCA Rd #102

Naples, FI 34109

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

151.01

10/01/2016

<i>T</i> *	330 NOOM and Board		
Basis :		Rate Type :	
	Budget	×	Prospective
-	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Collier		

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



683955027 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per Die	em Rates fo	r Non-Ins	titutior	al Provide	<u>ers</u>		
Collier Health Svc				Provider Number : 683955027					
Dental Care Central				Date : 09/28/2016					
1454 Madison Ave W				Fiscal Year End : N/A					
Immokalee, FI 34142				Audit Status : N/A					
Provider Type:				Curren	t Rate	New Rate	e E	ffective Date	
	Rural	Health Clinic							
	Swing	_J -Bed Provider							
x	Feder	ally Qualified Health Centers			149.37	7 1	151.01,/ 10/01/2016	10/01/2016	
	Hospice Provider								
	#6	51 Routine Home Care (1-60)							
	#6								
#652 Continuous Home Care									
	#6	52a Continuous Home Care - SIA				•			
	#6	55 Inpatient Respite Care							
	#6	56 General Inpatient Care							
	#6	58 Room and Board							
В	asis :	7	Rate	Type :	7				
		Budget		Х	Prosp	ective			
Unaudited costs					Total Prospective				
	Desk audited costs				Prospective Adjusted		usted for	for New costs	
		Field audited costs		-	_				
		Medicare - Prospective			Interi	m		1	
	Χ	Payment System Rate			Total	Interim			
		Average Nursing Home Rate			Settle	ement base	d on cos	ts	
		Collier			_				
Distribution:			1	W.Rydell Samuel, Administrator					
Fiscal Agent				Medicaid Cost Reimbursement Analysis					
Contract Management									
	manent F	-							
Prog	gram Dev	velopment:							

__ For information Only (No Change in rate)



683955029 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		_		_	
Collier	Health	Svc-	-Health	×	Smiles

Provider Number: 683955029

Date: 09/28/2016

1454 Madison Ave W

Fiscal Year End: N/A

Immokalee, FI 34142

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

149.37

151.01

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :			Rate Type :	
	Budget		Х	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
	Collier	ĺ .		_

<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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684660200 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FΙ	Commi	ınitv	Health	Ctrs-	St	Lucie
	COLLINI	AT HILLY	ı ı c aıtıı	Cu 3	Oι.	

Provider Number: 684660200

Date: 09/28/2016

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach, FL 32407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers** 122.60

123.95 J

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

ed costs dited costs dited costs	X	Prospective Total Prospective Prospective Adjusted for New costs
dited costs		<u> </u>
		Prospective Adjusted for New costs
dited costs		
e - Prospective		Interim
System Rate		Total Interim
Nursing Home Rate		Settlement based on costs
Okeechobee		
	Nursing Home Rate	Nursing Home Rate

<u>Distribution:</u>	
Fiscal Agent	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



684660202 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL	Community	/ Health	Ctrs-	Hillmoor	Dr.

Provider Number: 684660202

Date: 09/28/2016

1701 S.E. Hillmoor Dr.

Fiscal Year End: N/A

Port St. Lucie, FL 34952

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

122.60

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

123.95 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:	1	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
	Okeechobee	- · · · · · · · · · · · · · · · · · · ·	_

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



684783800 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Die	em Rates for	Non-Ins	titution	al Providers		
North Flor	rida Medical Center, Inc Taylor Dental Cente	er	Provider Number : 684783800				
Taylor De	ntal Clinic		Date: 09	9/28/20	16		
409 East Ash Street			Fiscal Ye	ear End	: N/A		
Perry, FL	323472309		Audit Sta	atus : N	/A		
Provider ¹	Туре:		Current	Rate	New Rate	Eff	ective Date
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers			106.96	108	.14	10/01/2016
	Hospice Provider						
	#651 Routine Home Care (1-60)						
	#651a Routine Home Care (61 +)						
	#652 Continuous Home Care						
	#652a Continuous Home Care - SIA						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						
Ва	asis:	Rate	Type :]		<u>-</u> -	
	Budget		X	Prosp	ective		
	Unaudited costs			_ Total	Prospective		
	Desk audited costs			Prosp	ective Adjuste	ed for N	New costs
	Field audited costs			-			
	Medicare - Prospective			_ Interir	n		
	X Payment System Rate			Total	Interim		
	Average Nursing Home Rate			Settle	ment based o	on costs	S
	Taylor						

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

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator



686032000 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M.	Solzbacher	Ctr for	the	Homeless

Provider Number: 686032000

Current Rate New Rate

119.12

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Date . 03/20/2010

Fiscal Year End: N/A

Audit Status: N/A

611 E. Adams St

Jacksonville, FL 32202

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

120.43

Basis :		Rate Type :	
Budget	-	X	Prospective
Unaudited costs	-		Total Prospective
Desk audited cos	ts -		Prospective Adjusted for New costs
Field audited cos	ts		•
Medicare - Prosp	ective		Interim
X Payment System	Rate		Total Interim
Average Nursing	Home Rate		Settlement based on costs
Duv	val		•

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



686032002 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher
Beaches Community Healthcare

611 E. Adams Street

Jacksonville, FL 32202

Provider Number: 686032002

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

119.12 120.43,/

10/01/2016

Effective Date

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

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

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator



686728600 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St	.loseph	Care	of Flo	rida -	Garrison	Ave
Oι.	0036011	Jaio	01110	niua -	Callison	\neg

Provider Number: 686728600

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

103.99

2475 Garrison Avenue

Port St. Joe, FL 32546

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

Contract Management

Program Development:

Permanent File

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date
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105.13 ✓

10/01/2016

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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Gulf		-
Distribution :		W.Rydell S	samuel, Administrator
Fiscal Agent Medicaid Cost Reimbursement Analysis			Cost Reimbursement Analysis



686728602 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Lake Avenue

Provider Number: 686728602

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

2475 Garrison Avenue

Port St. Joe, FL 32546

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

103.99

105.13√

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	Rate Type :
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
Gulf	

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

W.Rydell Samuel, Administrator



686728604 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		_			
St.	losenh	Care	of Florida	- Fourth	Street

Provider Number : 686728604

Date: 09/28/2016

2475 Garrison Avenue

Fiscal Year End: N/A

Port St. Joe, FL 32546

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

103.99

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

105.13 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	1
	Budget	×	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
	Gulf		_

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



687429100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Car	a Centers	for Hom	neless -	Westmo	hneland
realiti Cal	e centers	ווטו חטוו	161699 -	A A C STILLO	elanu

Provider Number: 687429100

Date: 09/28/2016

234 N. Orange Blossom Trail

Fiscal Year End: N/A

Orlando, FL 32805

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

138.42

139.94 J 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



687429102 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for Homeless - Parramor	-lealth	Care	Centers	for	Homeless -	Parramor
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Provider Number: 687429102

Date: 09/28/2016

234 N. Orange Blossom Trail

Fiscal Year End : N/A

Orlando, FL 32805

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

138.42

139.94 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



687429104 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

L	dealth	Care	Center	for the	Home	lace
г	ıeaıın	Care	Center	tor ine	поте	iess

Provider Number: 687429104

138.42

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

232 N. Orange Blossom Trail

32805, FL 328051612

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

139.94

10/01/2016

Basis:		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
, <u> </u>	Desk audited costs		Prospective Adjusted for New cost
	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



687429106 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless Orange Blossom Family Health Center 232 N. Orange Blossom Trail

Orlando, FL 328051612

Provider Number: 687429106

Date: 09/28/2016

Fiscal Year End: N/A

138.42

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

139.94

10/01/2016

Basis	:]	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
	Orange		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



687429108 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for the Homeless HTI, Orange Blossom Family Health 232 North Orange Blossom Trail

Orlando, FL 328051612

Provider Number: 687429108

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

138.42 139.94, 10/01/2016

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		•

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



687429110 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthcare Care Ctr for the Homeless Orange Blossom Family Hlth Ctr 232 N. Orange Blossom Trail

Orlando, FL 328051612

Provider Number: 687429110

Current Rate New Rate

138.42

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers X

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

10/01/2016

139.94 /

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		_

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



687429112 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless Orange Blossom Family Health Center #12 232 N. Orange Blossom Trail

Orange, FL 328051612

Provider Number : 687429112

Current Rate New Rate

138.42

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

139.94

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		_

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



687429114 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health	Care	Ctr	for	the	Home	اودد
ı icaili	Care	\sim u	IOI.	uic	LIUITIE	1533

Provider Number: 687429114

Date: 09/28/2016

232 N Orange Blossom Trail

Fiscal Year End: N/A

Orlando, FI 32805-1612

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

138.42

139.94

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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		_
	200.0		

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

W.Rydell Samuel, Administrator

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687429116 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless #16
Orange Blossom Family Hlth Ctr
232 N Orange Blossom Trail

Orlando, FI 32805

Provider Number: 687429116

Current Rate New Rate

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

Audit Status : N/A

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

138.42 139.94, 10/01/2016

Effective Date

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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Orange		-

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

W.Rydell Samuel, Administrator



687429118 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Ctr for the Homeless#18 Orange Blossom Family Hlth Ctr 232 N. Orange Blossom Trail

Orlando, FI 32805

Provider Number: 687429118

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

138.42 139.94, 10/01/2016

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

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

W.Rydell Samuel, Administrator



687955100 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

١	Jortheast	Florida	Health	Svc -	North	Volucia	Δ۷۵
ľ	ionneasi	rionda	neann	OVC: -	INCHIN	voiusia	Ave

Provider Number: 687955100

Date: 09/28/2016

Fiscal Year End: N/A

119.12

Audit Status: N/A

PO Box 527

Pierson, FL 32180

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

120.43√

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
	— Volusia		_

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

W.Rydell Samuel, Administrator



687955102 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Svcs - Wes	st Plymouth	Ave
-------------------------------------	-------------	-----

Provider Number: 687955102

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

PO Box 527

Pierson, FL 32180

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

120.43 🗸	10/01/2016
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Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		- Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Volusia		-

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

W.Rydell Samuel, Administrator

1

687955104 - 2016/10

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services, Inc Deltona	Provider Number : 687955104
Notificast Florida Floatiff Oct viocs, file Delicita	Trovidor Hamber: cor coord-

Date: 09/28/2016

PO Box 527

Fiscal Year End : N/A

Pierson, FL 321800527 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers 119.12 120.43√

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

ſ	Basis :		ſ	Rate Type :	
_		Budget	٠	Х	Prospective
-		Unaudited costs	-		Total Prospective
-	,	Desk audited costs	-		Prospective Adjusted for New costs
-		Field audited costs	-		-
-		Medicare - Prospective	-	<u> </u>	Interim
	Х	Payment System Rate	-		Total Interim
-		Average Nursing Home Rate	-		Settlement based on costs
-		Volusia	-		-

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

W.Rydell Samuel, Administrator



687955106 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

١	Intheast	Florida	Health	Services -	- Deland

Provider Number: 687955106

Date: 09/28/2016

1015 N. Stone Street, Unit A

Fiscal Year End: N/A

Deland, FL 32720

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

119.12

120.43/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



688412100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pinellas	County	Board-Mobile	Mad	Unit
riilelias	County	Dual u-Mobile	MEG	OHIL

Provider Number: 688412100

Date: 09/28/2016

647 1st Ave. North

Fiscal Year End: N/A

St. Petersburg, FL 337013601

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

111.22

112.44 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	
	Budget	×	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
	— Pinellas		

<u>Distri</u>	bu	tic	<u>n</u>	:
Fiscal	Ag	en	t	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

FV

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Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



688571300 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus	Health	Network

Provider Number : 688571300

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

4175 W. 20th Avenue Hialeah, FL 33012

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

X Federally Qualified Health Centers

137.89

139.41 /

10/01/2016

Hospice Provider

Rural Health Clinic

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:	Rate Type :	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
Dade		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



688571302 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Hea		

Provider Number: 688571302

Date: 09/28/2016

551 West 51st Street Place, Second Floor

Fiscal Year End : N/A

Hialeah, FL 330123601

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

137.89

139.41 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	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
	 Dade		_
0.000			

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

W.Rydell Samuel, Administrator



688571306 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaio	Reimbursement Per Diem	Rates for	Non-Inst	itution	al Providers	<u> </u>	
Citrus Health Network, Inc.		Provider Number : 688571306					
			Date : 09	/28/201	16		
4175 West 20th Ave.			Fiscal Ye	ar End	: N/A		
Hialeah, FL 33012			Audit Sta	tus : N/	Ά		
Provider Type:			Current	Rate	New Rate	Eff	fective Date
Rural Health Cli	nic						
Swing-Bed Prov	⁄ider						
X Federally Qualif	fied Health Centers			137.89	139	9.41√	10/01/2016
Hospice Provide	er						
#651 Routin	e Home Care (1-60)						
#651a Routi	ne Home Care (61 +)						
#652 Contin	uous Home Care						
#652a Conti	nuous Home Care - SIA						
#655 Inpatie	nt Respite Care						
#656 Genera	al Inpatient Care						
#658 Room	and Board						
Basis :		Rate 1	уре :]			
Budget		×	(Prosp	ective		
Unaudit	ed costs			Total I	Prospective		
Desk au	udited costs			Prosp	ective Adjust	ed for N	New costs
Field au	dited costs			•			
Medicar	re - Prospective	•		Interin	n		
X Paymer	nt System Rate			Total I	nterim		
Average	e Nursing Home Rate			Settle	ment based	on costs	s
	Dade						

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

W.Rydell Samuel, Administrator



688571308 - 2016/10

Effective Date

10/01/2016

State of Florida Office of 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 Number: 688571308

Current Rate New Rate

137.89

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

4175 West 20th Ave.

Hialeah, FL 33012

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

139.41

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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

_ For information Only (No Change in rate)

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator



688571310 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

O:1	1144-	NI-towards OVALOCAL	0.
Litrus	Health	Network-SW 26th	St

Provider Number: 688571310

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

4175 W. 20th Ave Hialeah, Fl 33012

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

137.89

139.41

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
	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
	Dade		-

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

W.Rydell Samuel, Administrator



688571314 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

~:	11146-	Network	
HITTIE	Health	NATIMATI	-HISIDSH

Provider Number: 688571314

Date: 09/28/2016

Fiscal Year End: N/A

137.89

Audit Status: N/A

4175 W 20th Ave

Hialeah, Fl 33012

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

139.41/

10/01/2016

#6	#658 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

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

Dade

W.Rydell Samuel, Administrator

688693100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The B	revard	Health	Alliance,	Inc
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Provider Number : 688693100

Date: 09/28/2016

5270 Babcock St NE

Fiscal Year End: N/A

Palm Bay, FL 329054616

Audit Status: N/A

Provider Type:

X

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

140.83

142.38

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	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
	— Brevard		_

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

W.Rydell Samuel, Administrator

688693102 - 2016/10

Effective Date

10/01/2016

142.38 /

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - Hickor	y Provider Number :	688693102
THE DIEVALO HEARTH AMAINE "THERE!	y i lovidei indilibei .	0000030102

Date: 09/28/2016

17 Silver Palm Ave.

Melbourne, FL 329013231

Basis:

Х

Fiscal Year End : N/A

Current Rate New Rate

140.83

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

nealth Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Budget

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

	Average Nursing Home Rate
	Brevard
Distribution:	
Fiscal Agent	
Contract Manage	ement
Permanent File	
Program Develop	oment:
For info	rmation Only (No Change in rate

Payment System Rate

W.	Rydell	Samuel,	Administr	ato

688693106 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevar	d Health	Alliance -	County	Clinic

Provider Number: 688693106

Current Rate New Rate

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

220 Barton Blvd, Unit C14

Provider Type:

Rockledge, FL 32955

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

440.00 440.00 (40/04/2046			
140.83 142.367 10/01/2010	140.83	142.38./	10/01/2016

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

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



688693108 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The	Brevard	Health	Alliance	- RHA	Intl N	Mohile	Unit
1116	DIEVALU	rieaiui	AIIIAIIKE	- 0116	11 11 1 2	vicionies	COLIN

Provider Number: 688693108

Date: 09/28/2016

220 Barton Blvd, Unit C14

Audit Status : N/A

Rockledge, FL 32955

Provider Type:

Current Rate New Rate

Fiscal Year End: N/A

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

140.83

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

142.38 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :]
<u> </u>	Budget	×	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
	 Brevard		_

Dist	<u>trit</u>	u	ti	OI	n	:
						_

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



688693112 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - N. Washington Av	The	Brevard	Health	Alliance	- N.	Washington	Ave
--	-----	---------	--------	----------	------	------------	-----

Provider Number: 688693112

Date: 09/28/2016

Fiscal Year End: N/A

140.83

Audit Status: N/A

500 N. Washington Ave., Ste 105

Titusville, FL 32796

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date
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142.38 $_{f}$

10/01/2016

Į	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
	***	Brevard		_
	Distribution	<u>.</u>	W.Rydell S	Samuel, Administrator
	Fiscal Agent		Medicaid Cost Reimbursement Analysis	
	Contract Man	agement		
	Permanent Fi	le		
	Program Deve	elopment:		



688693114 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard	Health	Alliance
Jievaiu	i icaitii	Amanico

Provider Number: 688693114

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

775 Malabar Rd

Malabar, FL 32950

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X **Federally Qualified Health Centers** 140.83

142.38

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis:		Rate Type :	
		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
_		 Brevard	· · · · · · · · · · · · · · · · · · ·	_

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

W.Rydell Samuel, Administrator



688693119 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bravaro	l Health	Alliance	- Sarno
brevard	ı meanın	Alliance	- Samo

Provider Number: 688693119

140.83

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

PO Box 1137

Melbourne, FL 329021137

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current	Rate	New Rate	Effective	Date
Current	Nate	NEW Nate	FILECTIAE	Date

142.38/

10/01/2016

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
	— Brevard		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator

FV



688693121 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The	Brevard	Hlth	Alliance-	Cocoa
	2.014.4		, una 100	- 0000

Provider Number : 688693121

Date: 09/28/2016

7227 North US Hwy 1

Fiscal Year End : N/A

Cocoa, FI 32927

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

X Federally Qualified Health Centers

140.83

142.38/ 10/01/2016

Hospice Provider

Rural Health Clinic

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrato	r
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689693600 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida	Provider Number: 689693600

Date: 09/28/2016

2309 E. 15th Street

Fiscal Year End: N/A

Panama City, FL 32405

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers

120.92

122.25 🎺

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, Administrator



689693603 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida	ı, Inc.	Provider Number : 689693603					
Dental		Date: 09/28/2016					
707 Jenks Ave., S	uite A	Fiscal Ye	ar End	: N/A			
Panama City, FL	324012586	Audit Sta	itus : N	/A			
Provider Type:		Current	Rate	New Rate	Eff	ective Date	
Rural	Health Clinic						
Swing	g-Bed Provider						
X Feder	ally Qualified Health Centers		120.92	2 122.2	25√	10/01/2016	
Hosp	ice Provider						
#6	551 Routine Home Care (1-60)						
#6	651a Routine Home Care (61 +)						
#6	552 Continuous Home Care						
#6	652a Continuous Home Care - SIA						
#6	555 Inpatient Respite Care						
#6	656 General Inpatient Care						
#6	558 Room and Board						
Basis :		Rate Type :	1				
	Budget	X	∟ Prosp	ective			
	Unaudited costs		_ Total	Prospective			
	Desk audited costs	-	- Prosp	ective Adjuste	d for N	ew costs	
	Field audited costs		_				
-	Medicare - Prospective		_ Interir	m			
x	Payment System Rate		Total	Interim			
	Average Nursing Home Rate		Settle	ement based or	n costs		
	 Bay		-				
Distributio	<u> </u>	W.Rydell S	Samuel	, Administrator	R.	/	
Fiscal Agent			-	imbursement A	 Analysi	s	
Contract Mar	nagement						
Permanent F	File						
Program Dev	velopment:						
For	information Only (No Change in rate)						



689693604 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Santa Rosa Bch	Provider Number : 689693604
CHC - Walton County	Date: 09/28/2016

Santa Rosa Beach, FL 32401 Audit Status : N

Provider Type:

Basis:

361 Greenway Trail

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Fiscal Ye	ear End	: N/A				
Audit Sta	itus : N/	Α				
Current	Rate	New Ra	te	Effe	ctive Date	è
	400.00		100.05	,	40/04/004	_
	120.92		122.25	/	10/01/201	b

	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
- 1	Average Nursing Home Rate		Settlement based on costs
	Walton		
Distributi	<u>on:</u>	W.Ryde	Il Samuel, Administrator
Fiscal Ager	nt	Medicai	d Cost Reimbursement Analysis
Contract M	anagement		
Permanent	File		
Program D	evelopment:		
F	or information Only (No Change in rate)		

Rate Type:



689693605 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare	of F	lorida	- Bruce	
-ancare	OI E	ioriua	- Druce	

Provider Number: 689693605

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

431 Oak Ave.

Panama City, FL 32401

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

120.32 122.233	120.92	122.25
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10/01/2016

Basis:		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 Walton		Settlement based on costs

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

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689693607 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare	of	Florida	_	Bristol
I alloaic	O,	i lollua		

Provider Number: 689693607

Date: 09/28/2016

Fiscal Year End: N/A

120.92

Medicaid Cost Reimbursement Analysis

Audit Status: N/A

431 Oak Ave

Panama City, FL 32401

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Current Rate	New Rate	Effective Date
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122.25

10/01/2016

Basis :		Rate Type :	
В	udget	X	Prospective
U	naudited costs		Total Prospective
D	esk audited costs		Prospective Adjusted for New costs
Fi	eld audited costs		_
м	edicare - Prospective		Interim
X P	ayment System Rate		Total Interim
A	verage Nursing Home Rate		Settlement based on costs
· · ·	Liberty		

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



689693609 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

D O	- 6	E1. 1.1.	Б.	1 - 1
PanCare	OŤ	Florida	- Blot	ıntstown

Provider Number: 689693609

Current Rate New Rate

120.92

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

431 Oak Ave

Panama City, FL 32401

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

122.25 /

Basis :	1	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
	 Calhoun	<u> </u>	_

Distribution:
Fiscal Agent

Contract Management

Permanent File

Program Development:

For information	Only	(No	Change in ra	ate)
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689693611 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancara	Ωf	Florida -	Ronifav
ancare	OI.	rionua -	DOMINAV

Provider Number: 689693611

120.92

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

431 Oak Ave

Panama City, FL 32401

Provider Type:

Rural Health Clinic Swing-Bed Provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

122.25/

10/01/2016

Basis:		Rate Type :	
	Budget	×	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
	Holmes		_

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

689693612 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_	_			
Pancare	of	Florida	- Chi	olev

Provider Number: 689693612

Current Rate New Rate

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

431 Oak Ave

Panama City, FL 32401

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

120.92	122.25	10/01/2016

Basis :	7	Rate Type :	
	Budget	X	Prospective
4-1	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
			_

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



689693615 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare	۰f	Florid	~ D	-	- 100
-ancare	OT	Fioria	a- P(าทรา	Joe

Panama City, FI 32401

Provider Number : 689693615

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

403 11th St

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

120.92	122.25	10/01/2016

	Basis:			Rate Type :	
٠		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
-		- Gulf	•		_

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

W.Rydell	Samuel,	Administ	rator



689693617 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare	of	Florida-	Wewa	hitchka

Provider Number: 689693617

Date: 09/28/2016

Fiscal Year End: N/A

120.92

Audit Status: N/A

403 E. 111th St

Panama City, Fl 32401

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date
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122.25

10/01/2016

Basis :		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Gulf		_
istributio	<u>n:</u>	W.Rydell	Samuel, Administrator
iscal Agent		Medicaid Cost Reimbursement Analysis	
ontract Ma	nagement		·
ermanent F	File		
Program De	velonment:		



689693619 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

_			_	
PanCare	of FI	lorida-	Carra	مالمط

Provider Number: 689693619

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

403 E. !!th St

Panama City, FI 32401

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

120.92

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

122.25J

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	\neg	Rate Type :	7
	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
	Franklin		-

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



690556100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Anana	Commun	sity Has	lth (`antar
-quave	Commu	แเง ทยะ	mur v	Jeniler.

Provider Number: 690556100

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status: N/A

1760 Edgewood Ave West Jacksonville, FL 32208

Audit Status

Provider Type:

Current Rate New Rate

Effective Date

Swing Bod Broyida

Swing-Bed Provider

Rural Health Clinic

X Federally Qualified Health Centers

119.12

120.43*i*

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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

W.Rydell Samuel, <i>i</i>	Administrator
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690556105 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health Agape Community Health Center - Timiquana 900 University Blvd, MC 75

Jacksonville, FL 32211

Provider Number: 690556105

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

119.12 120.43/ 10/01/2016

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
	 Duval		_

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

W.Rydell Samuel, Administrator



690595100 - 2016/10

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

Medicaid Reimbursement Per Diem R	ates for Non-Institutional Providers			
Trenton Medical Center, Inc Bell Family Healthcare	Provider Number : 690595100			
	Date: 09/29/2016			
1830 N. Main Street	Fiscal Year End : N/A			
Bell, FL 32619	Audit Status : N/A			
Provider Type:	Current Rate New Rate Effective Date			
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	106.13 107.30 \(\square 10/01/2016 \)			
Hospice Provider				
#651 Routine Home Care (1-60)				
#651a Routine Home Care (61 +)				
#652 Continuous Home Care				
#652a Continuous Home Care - SIA	i			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 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			
Gilchrist				
Distribution:	W.Rydell Samuel, Administrator			
Fiscal Agent	Medicaid Cost Reimbursement Analysis			
Contract Management	Modicald Cost Normbursement Analysis			
Permanent File				
Program Development:				
For information Only (No Change in rate)				
For information Only (No Change in rate)				

691835200 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

entral	Florida	Health	Care -	OB/GYN
Jenu ai	LIOHUA	neaun	Care -	UD/UTIN

Provider Number: 691835200

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

950 Co. Road 17A West

Avon Park, FL 33825

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

149.37

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

151.01_/

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :]
	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
	- Polk		-

Di	st	ri	b	u	ti	0	n	:
			_					_

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



691835202 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	l Florida	Health	Care -	Lakeland
Jenual	riunua	пеаши	Care -	Lakelallu

Provider Number: 691835202

Current Rate New Rate

149.37

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

950 Co. Road 17A West Avon Park, FL 33825

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

151.01*j*

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

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

W.Rydell Samuel, Administrator



691835204 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care Inc.		Provider Number: 691835204			
CFHC - \	Ninter Haven Center	Date: 09/28/201	16		
1514 1st	Street North	Fiscal Year End	: N/A		
Winter H	aven, FL 338812476	Audit Status : N	/A		
Provide	r Туре:	Current Rate	New Rate	Effective Date	
	Rural Health Clinic				
	Swing-Bed Provider				
X	Federally Qualified Health Centers	149.37	151.01	10/01/2016	
	Hospice Provider				
	#651 Routine Home Care (1-60)				
	#651a Routine Home Care (61 +)				
	#652 Continuous Home Care				
	#652a Continuous Home Care - SIA				
	#655 Inpatient Respite Care				
	#656 General Innatient Care				

#658 Room and Board

Basis:

	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	
	Polk			
Distributi	<u>on:</u>	W.Ryde	ell Samuel, Administrator	
Fiscal Ager	Fiscal Agent		Medicaid Cost Reimbursement Analysis	
Contract M	anagement			
Permanent	File			
Program D	evelopment:			
F	or information Only (No Change in rate)			

Rate Type :



691835206 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Die	m Rates	for Non-Ins	titution	al Providers	<u>s</u>		
Central Florida Health Care			Provider Number : 691835206					
Lake W	ales Dental		Date: 0	9/28/201	6			
225 Lin	coln Ave		Fiscal Y	ear End	: N/A			
Lake Wales, FL 338533546			Audit Sta	atus : N/	Α			
Provide	er Type:		Curren	t Rate	New Rate	Ef	fective Date	
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			149.37	15	1.01√	10/01/2016	
	Hospice Provider							
	#651 Routine Home Care (1-60)							
	#651a Routine Home Care (61 +)							
	#652 Continuous Home Care							
	#652a Continuous Home Care - SIA							
	#655 Inpatient Respite Care							
	#656 General Inpatient Care							
	#658 Room and Board							
	Basis :	R	ate Type :	7				
	Budget		Х	⊐ Prospe	ective			
**	Unaudited costs			– Total F	Prospective			

	Budget	X Pr	rospective	
	Unaudited costs	To	otal Prospective	
	Desk audited costs	Pr	ospective Adjusted for New costs	
	Field audited costs			
	Medicare - Prospective	Int	terim	
X	Payment System Rate	To	otal Interim	
	Average Nursing Home Rate	Se	ettlement based on costs	
. "	Polk			
Distribution	<u>on:</u>	W.Rydell Sam	uel, Administrator	
Fiscal Ager	Fiscal Agent		Medicaid Cost Reimbursement Analysis	
Contract Ma	anagement			
Permanent	File			
Program De	evelopment:			
Fo				



692957500 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Modh	Elorido	Mod	Ctr	Toylor	Medical	
non	Fiorida	wea.	Utr -	l avior	Medical	

Provider Number: 692957500

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

255 W. River Road

Wewahitchka, FL 32465

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

106.96

108.14 \(\square 10/01/2016 \)

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrator



692990700 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia	Commi	mite	Clinica
-scambia	Commi	JNITV	Clinics

Provider Number: 692990700

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status : N/A

2200 N. Palafox St Pensacola, FL 32514

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

X Federally Qualified Health Centers

129.41

130.83 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	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
	Escambia	-	_
stribution	n·	M/ Dudall (Comuse Administrator R

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

W.Rydell Samuel, Administrator



Permanent File

Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

692990702 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Dien	n Rates for Non-Ins	stitution	nal Providers					
Escambia Cor	mmunity Clinics, Inc.	Provider Number : 692990702							
Santa Rosa C	ommunity Clinic	Date : 0	Date: 09/29/2016						
2200 North Pa	alafox Street	Fiscal Y	ear End	I : N/A					
Pensacola, FL	_ 32501	Audit St	atus : N	//A					
Provider Typ	e:	Curren	t Rate	New Rate	Eff	ective Date			
R	ural Health Clinic								
S	wing-Bed Provider								
X F	ederally Qualified Health Centers		129.41	130.	83 🧳	10/01/2016			
н	ospice Provider				·				
	#651 Routine Home Care (1-60)								
	#651a Routine Home Care (61 +)								
	#652 Continuous Home Care								
	#652a Continuous Home Care - SIA								
	#655 Inpatient Respite Care								
	#656 General Inpatient Care								
	#658 Room and Board								
Basis		Bata Tura	7		-				
Basis		Rate Type :	 Droor	a a a tiva					
	Budget Unaudited costs	^	_	Prospective					
	Desk audited costs		_	ective Adjuste	d for N	low costs			
	Field audited costs		— —	ective Adjuste	:u 101 1	NEW COSIS			
	Medicare - Prospective		— Interii	m					
х	Payment System Rate			Interim					
	Average Nursing Home Rate			ement based o	n costs	2			
	Escambia		_	ment basea o	11 00310	,			
<u>Distribu</u>	ution:	W.Rydell	Samuel	, Administrator	R	/			
Fiscal Ag	gent	Medicaid	Cost Re	eimbursement	Analys	is			
Contract	Management								



692990704 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Comn	unity Clinics	. Inc
---------------	---------------	-------

Provider Number: 692990704

Date: 09/29/2016

Fiscal Year End: N/A

Audit Status: N/A

2200 N. Palafox Street

Pensacola, FL 32501

Current Rate New Rate Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

129.41

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

130.83 [

10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	— Flagler		

D	is	tri	bι	ıti	01	1:
	_	_				

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



692990705 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per Die	m Rates fo	<u>r Non-Ins</u>	titutio	<u>nal Provider</u>	<u>'S</u>			
Escambia Community Clinics, Inc.				Provider Number : 692990705							
anza Pediatrics					Date : 09/29/2016						
220	00 N. P	alafox St	treet		Fiscal Year End : N/A						
Pei	Pensacola, FL 32501 Provider Type:				Audit St	atus : N	I/A				
Pro					Current Rate New R			Rate Effective Date			
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Feder	ally Qualified Health Centers			129.4	1 13	80.83√	10/01/2016		
		Hospi	ce Provider								
		#6	51 Routine Home Care (1-60)								
		#6	51a Routine Home Care (61 +)								
		#6	52 Continuous Home Care								
		#6	52a Continuous Home Care - SIA								
		#6	55 Inpatient Respite Care								
		#6	56 General Inpatient Care								
		#6	58 Room and Board								
[Ba	asis :		Rate	Type:	7					
Į			 Budget	Tuto	X	_l Prose	ective				
-			Unaudited costs			_ `	Prospective				
•			Desk audited costs			_	ective Adjus		New costs		
•			Field audited costs			_					
•			Medicare - Prospective			– Interii	m				
		X	Payment System Rate			– Total	Interim				
•			— Average Nursing Home Rate			– Settle	ement based	on cost	s		
•			 Escambia			_					
<u>Distribution:</u>			V	V.Rydell S	Samuel	, Administrat	tor A				
		l Agent		<u> </u>	/ledicaid (Cost Re	imbursemer				
			agement								
		anent Fi									
	Prog	ram Dev	elopment:								

For information Only (No Change in rate)



692990706 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per Dier	n Rates for Non-Ins	stitution	nal Providers				
Esc	ambia	Commun	ity Clinics, Inc.	Provide	r Numbe	er : 692990706	3			
Lak	eview	Medical C	linic	Date: 09/29/2016						
220	0 N. P	alafox Str	eet	Fiscal Y	ear End	I : N/A				
Per	nsacola	a, FL 3250	01	Audit St	atus : N	/A				
Provider Type:			Curren	t Rate	New Rate	Ef	fective Date			
		Rural H	ealth Clinic							
		Swing-	Bed Provider							
	X	Federal	ly Qualified Health Centers		129.41	130.	.83√	10/01/2016		
		Hospic	e Provider							
		#65	1 Routine Home Care (1-60)							
		#65	1a Routine Home Care (61 +)							
		#65	2 Continuous Home Care							
		#65	2a Continuous Home Care - SIA							
		#65	5 Inpatient Respite Care							
		#65	6 General Inpatient Care							
		#65	8 Room and Board							
			7							
[B	asis :	Budget	Rate Type :	 Droom	a a a timo				
-		. <u>.</u>	Budget - Unaudited costs		–	Prospective				
-			-		_	Prospective	od for l	Now costs		
.			Desk audited costs Field audited costs		— Prosp	ective Adjuste	eu ior i	New costs		
-			- Medicare - Prospective		_ Interir	m				
		X	Payment System Rate		_	Interim				
-			- Average Nursing Home Rate		_	ement based o	n cost	·e Í		
-		<u></u>	- Escambia		_	intent based o	11 6031	.5		
			LSCAIIDIA							
	Dist	ribution:	 	W.Rydell	Samuel	, Administrator	THE STATE OF THE S			
	Fisca	al Agent		Medicaid	Medicaid Cost Reimbursement Analysis					
	Cont	tract Mana	gement				,			
	Pern	nanent File	e							
	Prog	ram Deve	lopment:							

For information Only (No Change in rate)



Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

692990710 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per Diem	Rates for No	n-Institutio	nal Providers					
Fe	ramhia	_					_				
	Escambia Community Clinics Inc First Steps Pediatrics				Provider Number : 692990710 Date : 09/29/2016						
	_	h Palafox			scal Year End						
		a, FL 325			dit Status : N						
	isacoia	a, i L 323	011723	Au	uit Status . IV	WA					
Pro	ovider	Type:		C	urrent Rate	New Rate	Eff	fective Date			
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers		129.4	1 130	0.83 🏑	10/01/2016			
		Hospic	e Provider								
		#65	1 Routine Home Care (1-60)								
		#65	1a Routine Home Care (61 +)								
		#65	2 Continuous Home Care								
		#65	2a Continuous Home Care - SIA								
		#65	5 Inpatient Respite Care								
		#65	6 General Inpatient Care								
		#65	8 Room and Board								
	В	asis :	1	Rate Typ	pe :						
			_l Budget	X		ective					
		100	Unaudited costs			Prospective					
			Desk audited costs			ective Adjust	ed for N	New costs			
			Field audited costs			·					
			Medicare - Prospective		 Interi	m					
		X	Payment System Rate		 Total	Interim					
			Average Nursing Home Rate		Settle	ement based	on cost	s			
			Escambia								
	Dist	ribution		W.R	ydell Samuel	, Administrato	or F	<u> </u>			
	Fisca	al Agent			Medicaid Cost Reimbursement Analysis						
	Conf	tract Mana	agement	Wed	odiu oosi Ne		Allaiya	,,,			
	Pern	nanent Fil	e								



692990714 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics	Provider Number: 692990714
	Date: 09/29/2016
2200 North Palafox Street	Fiscal Year End: N/A
Pensacola, FL 325011723	Audit Status : N/A

Rural Health Clinic
Swing-Bed Provider

X Federally Qualified Health Centers 129.41 130.83 \(\tau \) 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	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
	Escambia		_

W.Rydell Samuel, Administrator

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



Program Development:

For information Only (No Change in rate)

Florida Agency for Health Care Administration

692990716 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per Diem	Rates for Non-Ins	titutior	nal Providers				
Escambia Community Clinic				Provider Number : 692990716						
Wa	aterfront	Rescue	Mission	Date: 09/29/2016						
22(00 Nortl	h Palafox	Street	Fiscal Y	ear End	d : N/A				
Pe	nsacola	, FL 325	05	Audit St	atus : N	I/A				
Pro	ovider ⁻	Гуре:		Curren	t Rate	New Rate	Eff	fective Date		
		Rural I	Health Clinic							
		Swing	-Bed Provider							
	X	Federa	ally Qualified Health Centers		129.41	1 130.	83 🏑	10/01/2016		
		Hospic	ce Provider							
		#6	51 Routine Home Care (1-60)							
		#65	51a Routine Home Care (61 +)							
		#6	52 Continuous Home Care							
		#6	52a Continuous Home Care - SIA							
		#6	55 Inpatient Respite Care							
		#6	56 General Inpatient Care							
		#6	58 Room and Board							
			7		7					
	Ва	asis:		Rate Type :	_					
		-	Budget	X	_	Dective				
			Unaudited costs		_	Prospective	-l 6 N			
	-	-0.	Desk audited costs		Prosp —	pective Adjuste	ed for r	New costs		
			Field audited costs							
		V	Medicare - Prospective		Interio					
		<u>X</u>	Payment System Rate		_	Interim		_		
		·	Average Nursing Home Rate Escambia		Settle	ement based o	n cost	S		
Distribution:			W.Rydell	Samuel	, Administrator	F				
	Fisca	al Agent		Medicaid	Cost Re	eimbursement	Analys	sis		
		ract Mana					·			
	Perm	nanent Fil	le							



693564800 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

V	orth	Florida	Med Ctr -	Crestview	Med Center
٦	OI U I	I IUI IUA	IVICU CU -	CIESTAICM	Med Celle

Provider Number: 693564800

Date: 09/28/2016

535 John Knox Rd

Fiscal Year End: N/A

Audit Status: N/A

Tallahassee, FL 32303

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider

X Federally Qualified Health Centers

106.96

108.14 / 10/01/2016

Hospice Provider

Rural Health Clinic

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	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
	— Okaloosa		_

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

W.Rydell Samuel, Administrator



693564804 - 2016/10

Effective Date

10/01/2016

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers-Shalimar

Provider Number: 693564804

Current Rate New Rate

106.96

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

2804 Remington Green Cir Ste 2

Tallahassee, FL 323081550

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

Contract Management

Program Development:

Permanent File

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

108.14

Basis :		Rate Type :	
	Budget	×	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
	Okaloosa		_
Distribution	<u>n:</u>	W.Rydell	Samuel, Administrator
Fiscal Agent		Medicaid	Cost Reimbursement Analysis



693564806 - 2016/10

Effective Date

10/01/2016

State of Florida Office of 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 Number: 693564806

Current Rate New Rate

106.96

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

2804 Remington Green Cir Ste 2

Tallahassee, FL 323081550

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

108.14

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

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



693564808 - 2016/10

Effective Date

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

l	lorth	Florida	Medical	Cantar-	l and	DA
١	IOTIN-	Fiorida	Medical	Center-	Eano.	Ra

Provider Number: 693564808

Current Rate New Rate

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

2804 Remington Green Cir Ste 2

Tallahassee, FL 323081550

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

106.96	108.14	10/01/2016

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
	— Okaloosa		-

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



693564810 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North	Florida	Medical	Centers-	Fort	Walton

Provider Number: 693564810

Date: 09/28/2016

F

Fiscal Year End: N/A

Audit Status: N/A

2804 Remington Green Cir Ste 2 Tallahassee, FL 323081550

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

X Federally Qualified Health Centers

106.96

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

108.14 / 10/01/2016

Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
Budget		X	Prospective
Unaudite	d costs		Total Prospective
Desk au	dited costs		Prospective Adjusted for New costs
Field aud	lited costs		_
Medicare	e - Prospective		- Interim
X Paymen	System Rate		Total Interim
Average	Nursing Home Rate		Settlement based on costs
	Okaloosa		_

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