



Florida Agency for Health Care Administration

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 Health d/b/a Osceola Co. Health Dept.
105 Doverplum Ave.
Kissimmee, FL 347583309

Provider Number : 000835600
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Osceola) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000952900 - 2016/10

State of Florida Office of 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 Department
3700 W. Sovereign Path
Lecanto, FL 34461

Provider Number : 000952900
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'X' is marked for Payment System Rate and Prospective.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Handwritten signature and checkmark

Medicaid Cost Reimbursement Analysis

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.
2330 S. Congress Ave.
Palm Springs, FL 334067608

Provider Number : 001182600
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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. Palm Beach

Provider Number : 001182602

2330 S Congress Ave

Date : 09/28/2016

Palm Springs, Fl 33406

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Tampa Family Health Centers, Inc. #20

Provider Number : 001276200

Date : 09/28/2016

4422 E. Columbus Drive

Fiscal Year End : N/A

Tampa, FL 336043233

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

001718300 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center, Inc.

Provider Number : 001718300

Date : 09/30/2016

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Marion. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Marion. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Belleview

Provider Number : 001718306

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate Marion. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
Marion County Health Department
1025 SW 1st Ave.
Ocala, FL 344710900

Provider Number : 001718308
Date : 09/30/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Marion) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Marion. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

001718313 - 2016/10

State of Florida Office of 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 West Family Medicine
1025 SW 1st Ave
Ocala, FL 344710900

Provider Number : 001718313
Date : 09/30/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (listing Budget, Unaudited costs, etc., with X next to Payment System Rate) and Rate Type (listing Prospective, Total Prospective, etc., with X next to Prospective).

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Heart of Florida Health Center-17th St

Provider Number : 001718315

1025 SW 1st Ave

Date : 09/30/2016

Ocala, Fl 34471

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Marion. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center-Dunnellon

Provider Number : 001718317

1025 SW 1st Ave

Date : 09/30/2016

Ocala, FL 34471

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** 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

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

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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.
Care Resource
3510 Biscayne Blvd, Ste 300
Miami, FL 33137

Provider Number : 003407902
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

003407905 - 2016/10

State of Florida Office of 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
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

003407907 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 003407907
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Broward) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

003407909 - 2016/10

State of Florida Office of 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

Provider Number : 003407909
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), Average Nursing Home Rate, Dade) and Rate Type (Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 County

Provider Number : 006558500

1200 Kennedy Drive, Suite 2011
Key West, FL 330404023

Date : 09/28/2016

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Monroe. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Genesis Community Health

Provider Number : 006608600

Date : 09/28/2016

564 E. Woolbright Road

Fiscal Year End : N/A

Boynton Beach, FL 334356033

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

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Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

006608601 - 2016/10

State of Florida Office of 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 - Boca

Provider Number : 006608601

564 E. Woolbright Road

Date : 09/28/2016

Boynton, FL 334356033

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Palm Beach. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Genesis Community Health Inc. - Delray

Provider Number : 006608603

Date : 09/28/2016

564 E Woolbright Road

Fiscal Year End : N/A

Boynton Beach, FL 334356033

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

006608605 - 2016/10

State of Florida Office of 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-6th St

Provider Number : 006608605

2623 S Seacrest Blvd

Date : 09/28/2016

Boynton Beach, Fl 33435

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Palm Beach. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

008037100 - 2016/10

State of Florida Office of 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 Lantana Primary Care Clinic
1250 Southwinds Drive
Lantana, FL 334621459

Provider Number : 008037100
Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

008037102 - 2016/10

State of Florida Office of 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
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037104 - 2016/10

State of Florida Office of 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
 Date : 09/28/2016
 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			

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

Distribution:

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

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008037106 - 2016/10

State of Florida Office of 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
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Permanent File
Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Number : 008037108
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), Average Nursing Home Rate, Palm Beach) and Rate Type (Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

District Clinic Holding
2601 10th Ave N
Palm Springs, FL 33461

Provider Number : 008037110
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
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Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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, Fl 33461

Provider Number : 008037112
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

District Clinic Holdings-State Rd 80

Provider Number : 008037114

2601 10th Ave North

Date : 09/28/2016

Palm Springs, Fl 33461

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Palm Beach. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008037118 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 008037118
 Date : 09/28/2016
 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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Budget</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Unaudited costs</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Desk audited costs</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Field audited costs</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="border: none; padding: 2px;">X _____</td> <td>Payment System Rate</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td style="padding-left: 20px;">Palm Beach</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Palm Beach	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td style="border: none; padding: 2px;">X _____</td> <td>Prospective</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Total Prospective</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Interim</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Total Interim</td> </tr> <tr> <td style="border: none; padding: 2px;">_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																	
_____	Budget																																
_____	Unaudited costs																																
_____	Desk audited costs																																
_____	Field audited costs																																
_____	Medicare - Prospective																																
X _____	Payment System Rate																																
_____	Average Nursing Home Rate																																
_____	Palm Beach																																
Rate Type :																																	
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_____	Total Prospective																																
_____	Prospective Adjusted for New costs																																
_____	Interim																																
_____	Total Interim																																
_____	Settlement based on costs																																

Distribution:

- Fiscal Agent
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- Permanent File
- Program Development:

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

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

Provider Number : 008560700
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Lake. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

FL Dept of Health in Sarasota

Provider Number : 010433900

2200 Ringling Blvd

Date : 09/28/2016

Sarasota, FL 342376102

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Rates for Non-Institutional Providers

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

Provider Number : 010739700
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010762301 - 2016/10

State of Florida Office of 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
Tavernier
10300 SW 2016th Street
Miami, FL 331901003

Provider Number : 010762301
Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Monroe. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Number : 010762302
Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

010762307 - 2016/10

State of Florida Office of 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
 Date : 09/28/2016
 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 :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Dade	

Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Number : 010762315
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Number : 010762326
Date : 09/28/2016
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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Hlth of S.FI-Goulds Elem

Provider Number : 010762334

10300 SW 216th St
Miami, Fl 33190

Date : 09/28/2016

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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.FI-Bent Tree Elem

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Hlth of S. FI-Marjory Stoneman Douglas Elem
10300 SW 216th St
Miami, FI 33190

Provider Number : 010762338
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Community Hlth of S.FI-80th St

Provider Number : 010762341

10300 SW 216th St

Date : 09/28/2016

Miami, St 33190

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

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Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Hlth of S.FI-132nd Ave
10300 SW 216th St
Miami, FI 33190

Provider Number : 010762345
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

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Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Community Health of S. Florida-NW 2nd St

Provider Number : 010762346

10300 SW 216th St

Date : 09/28/2016

Miami, Fl 33190

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
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Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 St
10300 SW 216th St
Miami, FL 33190

Provider Number : 010762349
Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Center for Family & Child Enrichment, Inc.

Provider Number : 010930500

1825 NW 167th Street, Suite 102

Date : 09/28/2016

Miami Gardens, FL 330564838

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

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Permanent File

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For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

FI DOH Union County- Temple

Provider Number : 010946402

1801 N Temple Ave

Date : 09/28/2016

Starke, FL 320911960

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Bradford. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

6100 Blue Lagoon Dr Ste 400

Date : 09/28/2016

Miami, FL 331262080

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 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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate, Dade) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs). X is marked for Payment System Rate and Prospective.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 013881902
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Dade) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

013881903 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center
 Banyan Health Systems
 6100 Blue Lagoon Dr
 Miami, FL 331262080

Provider Number : 013881903
 Date : 09/28/2016
 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	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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: right;">Date</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Date	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
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<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Date																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
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<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Lee Memorial Health System

Provider Number : 014789100

Date : 09/28/2016

16451 Healthpark Commons Dr Ste 200

Fiscal Year End : N/A

Ft. Myers, Fl 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Lee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Lee Memorial Hlth System- Cape Coral

Provider Number : 014789102

P.O. Box 2147

Date : 09/28/2016

Fort Myers, Fl 33902

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Lee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

014789104 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Hlth System- #4

Provider Number : 014789104

P.O. Box 2147

Date : 09/28/2016

Fort Myers, Fl 33902

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	109.27	110.47 ✓	10/01/2016
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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

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Lee</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Lee	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
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	Lee																																
Rate Type :																																	
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<input type="checkbox"/>	Total Prospective																																
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<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



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

017234400 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Comm Hlth Ctr-King St

Provider Number : 017234400

120 King St

Date : 09/28/2016

Jacksonville, Fl 32204

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** 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

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> <th></th> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td> Duval</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Duval	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> <th></th> </tr> <tr> <td>X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

5150 Timuquana Rd
Jacksonville, FL 32210

Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Duval. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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 Tallahassee, Florida 32308

017234404 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Comm Hlth Ctr-Edgewood Ave

Provider Number : 017234404

120 King St

Date : 09/28/2016

Jacksonville, Fl 32204

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate	New Rate	Effective Date
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Rural Health Clinic

Swing-Bed Provider

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

<table border="0"> <tr> <td align="center">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td align="center">X</td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Duval</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	X	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Duval	<table border="0"> <tr> <td align="center">Rate Type :</td> <td></td> </tr> <tr> <td align="center">X</td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

017234406 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Comm Hlth Ctr
Magnolia Project Clinic
5300 N Pearl St
Jacksonville, Fl 32208

Provider Number : 017234406
Date : 09/28/2016
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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Duval. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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 Tallahassee, Florida 32308

027937411 - 2016/10

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 Number : 027937411
 Date : 09/28/2016
 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	124.28	125.65 ✓	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			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Health Services - Marion E. Fether

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

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029152805 - 2016/10

State of Florida Office of 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 - East Naples Medical Ctr

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

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

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029152806 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Hlth Svc-Golden Gate Pediatrics

Provider Number : 029152806

1454 Madison Ave
Immokalee , Fl 34116

Date : 09/28/2016
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

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Florida Agency for Health Care Administration

029152807 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Hlth Svc-Childrens Hlth Network

Provider Number : 029152807

Date : 09/28/2016

1454 Madison Ave

Fiscal Year End : N/A

Immokalee , Fl 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

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Medicaid Cost Reimbursement Analysis



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 Tallahassee, Florida 32308

029152809 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Hlth Svc-Marco Island Pediatrics

Provider Number : 029152809

1454 Madison Ave

Date : 09/28/2016

Immokalee, FL 34145

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

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p>_____ Collier</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

029152810 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Hlth Svc- Immokalee FCC

Provider Number : 029152810

1454 Madison Ave
 Immokalee, FI 34142

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

Provider Type:

Current Rate	New Rate	Effective Date
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Rural Health Clinic

Swing-Bed Provider

X	Federally Qualified Health Centers	149.37	151.01 ✓	10/01/2016
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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
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Distribution:

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- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



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

029506001 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center, Inc.

 911 S. Main St
 Trenton, FL 32693

Provider Number : 029506001
 Date : 09/28/2016
 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	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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Gilchrist</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Gilchrist	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

- Fiscal Agent
- Contract Management
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- Program Development:

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029506007 - 2016/10

State of Florida Office of 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 - Bradford

Provider Number : 029506007

911 S. Main St

Date : 09/29/2016

Trenton, FL 32693

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Gilchrist

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

Fiscal Agent

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W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029506009 - 2016/10

State of Florida Office of 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 - Pediatrics
TMC Pediatrics
2010 N. Young Blvd.
Chiefland, FL 326261951

Provider Number : 029506009
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Levy) and Rate Type (with checkboxes for Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
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Program Development:

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Trenton Medical Center - Healthcare
TMC Healthcare
630 N. Main Street
Williston, FL 326961705

Provider Number : 029506011
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various care codes.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Levy) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Program Development:

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Trenton Medical Center - Palms Pediatrics
Palms Pediatrics
PO Box 640
Trenton, FL 32693

Provider Number : 029506013
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #652, etc.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'X' is marked for Payment System Rate.

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Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
Palms Medical Group
PO Box 640
Trenton, FL 32693

Provider Number : 029506015
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Bradford) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Provider Number : 029506017
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes categories like Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Program Development:

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Medicaid Cost Reimbursement Analysis

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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 Diem Rates for Non-Institutional Providers

Trenton Medical Center Inc.-Live Oak
Palms Medical Group
911 S. Main St
Trenton, FL 326933239

Provider Number : 029506019
Date : 09/29/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Taylor. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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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 Diem Rates for Non-Institutional Providers

Trenton Medical Center-Orange Park
Palms Medical Group
23343 NW County Rd 236
High Springs, FL 32643

Provider Number : 029506021
Date : 09/29/2016
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 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Clay

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

14618 State Road 574

Date : 09/28/2016

Dover, FL 33527

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029540000 - 2016/10

State of Florida Office of 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

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Dade

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029541800 - 2016/10

State of Florida Office of 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
700 S. Royal Poinciana Blvd, Suite 300
Miami Springs, FL 33166

Provider Number : 029541800
Date : 09/28/2016
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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Jessie Trice Community Health Center - North

Provider Number : 029541802

700 S. Royal Poinciana Blvd

Date : 09/28/2016

Miami Springs, FL 33166

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

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Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



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

029541804 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Cope North
 700 S. Royal Poinciana Blvd Suite 300
 Miami Springs, FL 33166

Provider Number : 029541804
 Date : 09/28/2016
 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	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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Dade</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate	_____	Dade	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>_____</td> <td>X Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		_____	X Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																	
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_____	Settlement based on costs																																

Distribution:

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 029541806

700 S. Royal Poinciana Blvd

Date : 09/28/2016

Miami Springs, FL 33166

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Center - Norland HCC

Provider Number : 029541808

700 S. Royal Poinciana Blvd
Miami Springs, FL 33166

Date : 09/28/2016

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 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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Dade. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

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Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029541810 - 2016/10

State of Florida Office of 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 - Charles Drew Elem

Provider Number : 029541810

700 S. Royal Poinciana Blvd

Date : 09/28/2016

Miami Springs, FL 33166

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Dade

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Jessie Trice Community Health Center
Norland Primary Health
5607 NW 27th Ave, Ste 1
Miami, FL 33142

Provider Number : 029541846
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Dade) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Ave
5607 NW 27th Avenue
Miami, FL 331422826

Provider Number : 029541848
Date : 09/28/2016
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 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Dade

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029541850 - 2016/10

State of Florida Office of 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 Street
5607 NW 27th Ave, Suite 1
Miami, FL 331422826

Provider Number : 029541850
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029541852 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Comm Hlth Ctr- Opa-Locka

Provider Number : 029541852

5607 NW 27th Ave Ste1

Date : 09/28/2016

Miami, FI 33142

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	130.12	131.55✓	10/01/2016
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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

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

Fiscal Agent

Contract Management

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Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Jessie Trice Community Health Ctr-Hialeah
5607 NW 27th Ave
Miami, FL 33142

Provider Number : 029541854
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029541856 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Comm Hlth Ctr-71st st.

Provider Number : 029541856

6607 NW 27th Ave

Date : 09/28/2016

Miami, Fl 33142

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Jessie Trice Comm Hlth Ctr-Carol City

Provider Number : 029541858

5607 NW 27th Ave

Date : 09/28/2016

Miami, Fl 33142

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029541860 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Comm Hlth Ctr-#60

Provider Number : 029541860

5607 NW 27th Ave

Date : 09/28/2016

Miami, Fl 33142

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** 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

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

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator *[Signature]*

Medicaid Cost Reimbursement Analysis



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

029541862 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice-54th Ave

5607 NW 27th Ave
 Miami, FL 33142

Provider Number : 029541862

Date : 09/28/2016

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

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

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

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

029542600 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - James Scott Satellite

 700 S. Royal Poinciana Blvd, Suite 300
 Miami Springs, FL 33166

Provider Number : 029542600
 Date : 09/28/2016
 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** 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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dade</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Dade	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
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<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
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<input type="checkbox"/>	Dade																																
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<input type="checkbox"/>	Total Prospective																																
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<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Rural Health Care - Main

Provider Number : 029543400

P.O. Box 817

Date : 09/28/2016

Palatka, FL 32178

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 123.53 124.89/ 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Alachua

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029543401 - 2016/10

State of Florida Office of 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 - Palatka Family Medical Center

Provider Number : 029543401

P.O. Box 817

Date : 09/28/2016

Palatka, Fl 32178

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 123.53 124.89 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

Table with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Alachua. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029543402 - 2016/10

State of Florida Office of 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

Provider Number : 029543402

P.O. Box 817

Date : 09/28/2016

Palatka, Fl 32178

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 123.53 124.89 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Alachua. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029543403 - 2016/10

State of Florida Office of 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
P.O. Box 817
Palatka, Fl 32178

Provider Number : 029543403
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Alachua. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

029543405 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Keystone Family Med. Center

 P.O. Box 817
 Palatka, FL 32178

Provider Number : 029543405
 Date : 09/28/2016
 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	123.53	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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Alachua</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate		Alachua	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>_____</td> <td>X Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		_____	X Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																	
_____	Budget																																
_____	Unaudited costs																																
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_____	Field audited costs																																
_____	Medicare - Prospective																																
X	Payment System Rate																																
_____	Average Nursing Home Rate																																
	Alachua																																
Rate Type :																																	
_____	X Prospective																																
_____	Total Prospective																																
_____	Prospective Adjusted for New costs																																
_____	Interim																																
_____	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, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Health Care - Hawthorne Family Med. Center

Provider Number : 029543406

P.O. Box 817

Date : 09/28/2016

Palatka, Fl 32178

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** 123.53 124.89 ✓ 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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Alachua	

Distribution:


Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Rural Health Care - Palatka Family Medical Center

Provider Number : 029543407

P.O. Box 817

Date : 09/28/2016

Palatka, FL 32178

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 123.53 124.89 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Alachua. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
P.O. Box 817
Palatka, FL 32177

Provider Number : 029543411
Date : 09/28/2016
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 123.53 124.89 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Putnam. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029543413 - 2016/10

State of Florida Office of 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, Inc.
 Eastside Family Dental Center
 PO Drawer 817
 Palatka, FL 321780817

Provider Number : 029543413
 Date : 09/28/2016
 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	123.53	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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Alachua	

Distribution:

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

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 029543414
Date : 09/28/2016
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 123.53 124.89 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and St Johns. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029543416 - 2016/10

State of Florida Office of 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 Inc
 Family Medical & Dental - Clay Co.
 PO Box 817
 Palatka, FL 32178


Provider Number : 029543416
 Date : 09/28/2016
 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	123.53	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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Clay	

Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



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

029543418 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Inc.
 Family Medical & Dental Ctrs - Green Cove
 PO Box 817
 Palatka, FL 321780817

Provider Number : 029543418
 Date : 09/28/2016
 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 123.53 124.89 ✓ 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

<table border="1"> <tr> <th colspan="2">Basis :</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Clay</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Clay	<table border="1"> <tr> <th colspan="2">Rate Type :</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
<input type="checkbox"/>	Clay																																
Rate Type :																																	
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<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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- Program Development:
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



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

029543422 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care-Azalea Health

Provider Number : 029543422

1302 River St
 Palatka, FL 32177

Date : 09/28/2016
 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** 123.53 124.89 ✓ 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

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p>_____ Flagler</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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Distribution:

- Fiscal Agent
- Contract Management
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- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Beach Community Health Center - Stanley C. Myers

Provider Number : 029544200

710 Alton Road

Date : 09/28/2016

Miami, FL 33139

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 131.16 132.60 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Health Center - Beverly Press

Provider Number : 029544201

710 Alton Road

Date : 09/28/2016

Miami, FL 33139

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 131.16 132.60 / 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029544207 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center - Nanay Health Center

 710 Alton Road
 Miami, FL 33139

Provider Number : 029544207
 Date : 09/28/2016
 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	131.16	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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Dade</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate	_____	Dade	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>_____</td> <td>X Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		_____	X Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																	
_____	Budget																																
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_____	Desk audited costs																																
_____	Field audited costs																																
_____	Medicare - Prospective																																
X	Payment System Rate																																
_____	Average Nursing Home Rate																																
_____	Dade																																
Rate Type :																																	
_____	X Prospective																																
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_____	Prospective Adjusted for New costs																																
_____	Interim																																
_____	Total Interim																																
_____	Settlement based on costs																																

Distribution:

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

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

11645 Biscayne Blvd, Suite 207

Date : 09/28/2016

Miami, FL 331813138

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 131.16 132.60 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Dade

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029544215 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm Health Ctr - North Suite 301, 305 and 307

Provider Number : 029544215

11645 Biscayne Blvd, Suite 207

Date : 09/28/2016

Miami, FL 331813138

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 131.16 132.60 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Dade

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Miami Beach Comm Health Ctr - North Suite 308

Provider Number : 029544217

11645 Biscayne Blvd, Suite 207

Date : 09/28/2016

Miami, FL 331813138

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 131.16 132.60 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Community Hlth Ctr- Biscayne Blvd

Provider Number : 029544220

11645 Biscayne Blvd

Date : 09/28/2016

North Miami, Fl 33181

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 131.16 132.60 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Dade. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Miami Beach Comm Hlth Ctr-N Miami

Provider Number : 029544222

11645 Biscayne Blvd

Date : 09/28/2016

North Miami, Fl 33181

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 131.16 132.60 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Duval

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029545100 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.

Provider Number : 029545100

P.O. Box 1249

Date : 09/28/2016

Apopka, FL 32704

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Orange. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Centers, Inc.- Winter Garden Child Hlth
WG Childrens Health
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545108
Date : 09/28/2016
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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Orange

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
Southlake Family Health
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545110
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Permanent File
Program Development:

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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Fmly Hlth
WG Family Health Center
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545111
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Permanent File
Program Development:

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029545112 - 2016/10

State of Florida Office of 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 - Leesburg

Provider Number : 029545112

Leesburg Community

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

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Program Development:

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W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



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
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Apopka Fmly Hlth
Apopka Family Health
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545113
Date : 09/28/2016
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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Community Health Centers, Inc. - Apopka Childrens Hlth

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Orange. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Community Health Centers, Inc. - Pine Hills

Provider Number : 029545115

P.O. Box 2329

Date : 09/28/2016

Apopka, FL 32704

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Program Development:

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Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Health Centers - Lake Ellenor

Provider Number : 029545119

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Orange

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029545121 - 2016/10

State of Florida Office of 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.
 Apopka Dental
 PO Box 2329
 Apopka, FL 32704

Provider Number : 029545121
 Date : 09/28/2016
 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	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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Orange	

Distribution:

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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
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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Orange. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Health Centers Inc
 Meadow Woods Childrens Health Center
 110 South Woodland Street
 Winter Garden, FL 347873546

Provider Number : 029545125
 Date : 09/28/2016
 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** 141.84 143.40_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

<table border="1"> <tr> <th colspan="2">Basis :</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td>X</td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Orange</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	X	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Orange	<table border="1"> <tr> <th colspan="2">Rate Type :</th> </tr> <tr> <td>X</td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
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<input type="checkbox"/>	Average Nursing Home Rate																																
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<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Health Centers-Tavares
110 S Woodland St
Winter Garden, FL 34787

Provider Number : 029545129
Date : 09/28/2016
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 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Lake

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

110 S Woodland St

Date : 09/28/2016

Winter Garden, Fl 34787

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Orange

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029547700 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Thomas E. Langley Medical Center

Provider Number : 029547700

1425 S. U.S. Hwy 301

Date : 09/28/2016

Sumterville, FL 33585

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 130.27 131.70 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Sumter. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Family Medical Center at the Shores

Provider Number : 029547702

1425 S. U.S. Hwy 301

Date : 09/28/2016

Sumterville, FL 33585

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 130.27 131.70 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Sumter. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Community Health Center - Peter 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

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Hillsborough

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Community Health Center - Salvation Army

Provider Number : 029548502

Date : 10/03/2016

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Hillsborough

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Tampa Community Health 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Hillsborough. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Tampa Community Health Center- 131st Ave

Provider Number : 029548505

PO Box 82969

Date : 09/28/2016

Tampa, FL 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Tampa Community Health Center - Rome Ave

Provider Number : 029548506

PO Box 82969

Date : 09/28/2016

Tampa, FL 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

Table with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

029548513 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Waters Ave

 PO Box 82969
 Tampa, FL 33682

Provider Number : 029548513
 Date : 09/28/2016
 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			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td>_____ Budget</td><td></td></tr> <tr><td>_____ Unaudited costs</td><td></td></tr> <tr><td>_____ Desk audited costs</td><td></td></tr> <tr><td>_____ Field audited costs</td><td></td></tr> <tr><td>_____ Medicare - Prospective</td><td></td></tr> <tr><td>X _____ Payment System Rate</td><td></td></tr> <tr><td>_____ Average Nursing Home Rate</td><td></td></tr> <tr><td>_____ Hillsborough</td><td></td></tr> </table>	Basis :		_____ Budget		_____ Unaudited costs		_____ Desk audited costs		_____ Field audited costs		_____ Medicare - Prospective		X _____ Payment System Rate		_____ Average Nursing Home Rate		_____ Hillsborough		<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td>X _____ Prospective</td><td></td></tr> <tr><td>_____ Total Prospective</td><td></td></tr> <tr><td>_____ Prospective Adjusted for New costs</td><td></td></tr> <tr><td>_____ Interim</td><td></td></tr> <tr><td>_____ Total Interim</td><td></td></tr> <tr><td>_____ Settlement based on costs</td><td></td></tr> </table>	Rate Type :		X _____ Prospective		_____ Total Prospective		_____ Prospective Adjusted for New costs		_____ Interim		_____ Total Interim		_____ Settlement based on costs	
Basis :																																	
_____ Budget																																	
_____ Unaudited costs																																	
_____ Desk audited costs																																	
_____ Field audited costs																																	
_____ Medicare - Prospective																																	
X _____ Payment System Rate																																	
_____ Average Nursing Home Rate																																	
_____ Hillsborough																																	
Rate Type :																																	
X _____ Prospective																																	
_____ Total Prospective																																	
_____ Prospective Adjusted for New costs																																	
_____ Interim																																	
_____ Total Interim																																	
_____ Settlement based on costs																																	

Distribution:

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

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

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

Provider Number : 029548516
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (listing options like Budget, Unaudited costs, Medicare - Prospective, Payment System Rate) and Rate Type (listing options like Prospective, Total Prospective, Interim, Settlement based on costs). Includes a signature line for W. Rydell Samuel.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Tampa Family Health Center #11

Provider Number : 029548517

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 123.47 124.83 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Handwritten signature and checkmark

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029548520 - 2016/10

State of Florida Office of 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 #26

Provider Number : 029548520

PO Box 82969

Date : 09/28/2016

Tampa, FL 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029548521 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers #25

Provider Number : 029548521

PO Box 82969

Date : 09/28/2016

Tampa, FL 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029548522 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers #24

Provider Number : 029548522

PO Box 82969

Date : 09/28/2016

Tampa, FL 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Handwritten signature and checkmark

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548527 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #23

Provider Number : 029548527

PO Box 82969

Date : 09/28/2016

Tampa, FL 336822969

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Tampa Family Health Center Inc 28

Provider Number : 029548529

PO Box 82969

Date : 09/28/2016

Tampa, FL 336822969

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548531 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers - #31

Provider Number : 029548531

PO Box 82969

Date : 09/28/2016

Tampa, FL 336822969

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Hillsborough. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 029548533

Date : 09/28/2016

P.O Box 82969

Fiscal Year End : N/A

Tampa, Fl 33682

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029548535 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center- Fletcher Ave

Provider Number : 029548535

P. O Box 82969

Date : 09/28/2016

Tampa, Fl 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Tampa Family Health Centers #37

Provider Number : 029548537

P. O. Box 82969

Date : 09/28/2016

Tampa, FL 33268

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Central Florida Health Care - Frostproof

Provider Number : 029549300

109 West Wall Street
Frostproof, FL 33843

Date : 09/28/2016

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 029549301

204 E. Palmetto Street
Wauchula, FL 33873

Date : 09/28/2016

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Polk. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Park

Provider Number : 029549304

Date : 09/28/2016

400 South Lake Avenue
Avon Park, FL 33825

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 029549305

950 County Road 17A West

Date : 09/28/2016

Avon Park, FL 33825

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hardee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029549307 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care -NW 9th Ave

Provider Number : 029549307

950 County Rd 17A West
Avon Park, FL 33825

Date : 09/28/2016

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Fl Hlthcare-Dundee Rd

Provider Number : 029549309

47 5th St NW

Date : 09/28/2016

Winter Haven, Fl 33881

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 FI Healthcare- FI Ave

Provider Number : 029549311

47 5th Ave St NW

Date : 09/28/2016

Winter Haven, FI 04915

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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-Winter Haven

Provider Number : 029549316

201 Magnolia Ave SW
Winter Haven, Fl 33880

Date : 09/28/2016

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029550700 - 2016/10

State of Florida Office of 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

37946 CHURCH AVE

Date : 09/28/2016

Dade City, FL 33525

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Pasco. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 - Zephyrhills

Provider Number : 029550701

Date : 09/28/2016

37946 CHURCH AVE

Fiscal Year End : N/A

Dade City, FL 33525

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Pasco. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029550702 - 2016/10

State of Florida Office of 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 - Summit

Provider Number : 029550702

Date : 09/28/2016

37946 CHURCH AVE

Fiscal Year End : N/A

Dade City, FL 33525

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Pasco. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Richey
PO Box 232
Dade City, FL 33526

Provider Number : 029550703
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes like #651, #651a, #652, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), Average Nursing Home Rate, Pasco. Rate Type includes Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 029550704

PO Box 232

Date : 09/28/2016

Dade City, FL 33526

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Pasco. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 029550714

P.O.Box 232

Date : 09/28/2016

Dade City, FL 33526

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Pasco. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
P.O Box 232
Dade City, Fl 33526

Provider Number : 029550716
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (listing Budget, Unaudited costs, Medicare - Prospective, Payment System Rate with X) and Rate Type (listing Prospective, Total Prospective, Interim, Total Interim).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 & Community Health Center, Inc
2400 State Road 415
Sanford, FL 327716012

Provider Number : 029551500
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Seminole) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (signature)
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029551502 - 2016/10

State of Florida Office of 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

18501 Washington Ave
Bithlo, FL 32820

Date : 09/28/2016

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

2400 County Rd 415-A

Fiscal Year End : N/A

Sanford, FL 32771

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Seminole. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Ellenor
2400 County Rd 415-A
Sanford, FL 32771

Provider Number : 029551506
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Seminole) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Family Health Center - Forsyth

Provider Number : 029551513

Date : 09/28/2016

2400 County Rd 415-A

Fiscal Year End : N/A

Sanford, FL 32771

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Orange. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
2400 State Road 415
Sanford, FL 327716012

Provider Number : 029551515
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Central Florida Family Health Center
True Health#2
2400 State Road 415
Sanford, FL 32771

Provider Number : 029551517
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Seminole. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Central Florida Family Hlth Ctr
True Health
2400 State Road 415
Sanford, Fl 32771

Provider Number : 029551518
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Seminole. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Family Health Center of Columbia County, Inc.

Provider Number : 029552300

P.O. Box 249

Date : 09/28/2016

Lake City, FL 32056

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Columbia. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center, Inc.

Provider Number : 029554000

3601 Federal Highway 3rd Floor

Date : 09/28/2016

Miami, FL 33137

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Dade. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

3601 Federal Highway 3rd Floor

Date : 09/28/2016

Miami, FL 33137

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Borinquen Health Care Center, SW 8th Street
3601 Federal Highway, 3rd Floor Finance
Miami, FL 331373795

Provider Number : 029554003
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - 19

Provider Number : 029554019

3601 Federal Highway

Date : 09/28/2016

Miami, FL 331373795

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** 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

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

- Fiscal Agent
- Contract Management
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Borinquen 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - 23

Provider Number : 029554023

3601 Federal Highway

Date : 09/28/2016

Miami, FL 331373795

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - 27

Provider Number : 029554027

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

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

Provider Number : 029554029
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - 31

Provider Number : 029554031

3601 Federal Highway

Date : 09/28/2016

Miami, FL 331373795

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - Cottonwood Cir

Provider Number : 029554033

3601 Federal Highway

Date : 09/28/2016

Miami, FL 331373795

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029554035 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - North Bay Village

Provider Number : 029554035

3601 Federal Highway

Date : 09/28/2016

Miami, FL 331373795

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - Miami Beach

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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Dade. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - Bay Harbor Islands

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 126.16 127.55 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - 7th Street

Provider Number : 029554041

3601 Federal Highway

Date : 09/28/2016

Miami, FL 331373795

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Borinquen Health Care Center

Provider Number : 029554043

Kendall Regional

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 126.16 127.55j 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 029557400

P.O. Box 1349

Date : 09/28/2016

Ruskin, FL 33570

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Hillsborough. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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


Provider Number : 029557401
 Date : 09/28/2016
 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	144.59	146.18 _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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Hillsborough	

Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 029557402

Date : 09/28/2016

P.O.Box 2096

Fiscal Year End : N/A

Plant City, FL 33566

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 - Mobley Street

Provider Number : 029557403

Date : 09/28/2016

P.O. Box 1349

Fiscal Year End : N/A

Ruskin, FL 33575

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
 Joyce Ely Community Health Center
 PO Box 1349
 Ruskin, FL 33575

Provider Number : 029557405
 Date : 09/28/2016
 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	144.59	146.18 _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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Hillsborough	

Distribution:

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

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Number : 029557408
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes like #651, #651a, #652, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557409 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers, Inc.
Brandon Community Health Center
PO Box 40
Dover, FL 33527

Provider Number : 029557409
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029557412 - 2016/10

State of Florida Office of 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
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029557416 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers, Inc.
SCHC Womens Care of Lakeland
13110 Elk Mountain Dr.
Riverview, FL 33579

Provider Number : 029557416
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557417 - 2016/10

State of Florida Office of 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
 Date : 09/28/2016
 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 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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Hillsborough	

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Number : 029557420
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with an X.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Suncoast Community Health Centers
Palm River Community Health Center
13110 Elk Mountain Drive
Riverview, FL 33579

Provider Number : 029557422
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 029561200

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Manatee). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Health Services- Bayshore

Provider Number : 029561201

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34221

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Manatee). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Svcs. - Hwy 301

Provider Number : 029561202

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Manatee). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Manatee County Rural Health Ser. - Lawton Chiles

Provider Number : 029561203

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Manatee). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Manatee County Rural Health Ser - Southeast FHCC

Provider Number : 029561204

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34203

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Manatee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Manatee County Rural Health Ser - East Manatee Health

Provider Number : 029561205

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34208

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate Manatee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Manatee County Rural Hlth Svc-Myakka FHCC

Provider Number : 029561206

P.O.Box 499

Date : 09/28/2016

Parrish, Fl 34251

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Manatee). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Manatee County Rural Hlth Svc-Infectious Disease Ctr

Provider Number : 029561207

P.O. Box 499

Date : 09/28/2016

Parrish, Fl 34203

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Manatee. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 029561210

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 122.98 124.33j 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Manatee). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 - Palmetto FHC

Provider Number : 029561214

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34221

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Manatee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Manatee County Rural Health Services - Westgate

Provider Number : 029561218

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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** 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

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

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561220 - 2016/10

State of Florida Office of 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 - Community Care HC

Provider Number : 029561220

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Manatee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Fiscal Agent

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Program Development:

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W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Manatee County Rural Health Services - Lakewood

Provider Number : 029561222

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Manatee. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 - Riverview

Provider Number : 029561224

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Manatee). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Rural Health Center - Whole Child Pediatrics

Provider Number : 029561228

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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

Table with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Manatee. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

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 122.98 124.33j 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

Table with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Manatee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

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Program Development:

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W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
River Landings OB/GYN
PO Box 499
Parrish, FL 34219

Provider Number : 029561233
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Manatee. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:
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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561236 - 2016/10

State of Florida Office of 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
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Sarasota. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Manatee County Rural Health Services, Inc.

Provider Number : 029561238

PO Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Manatee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561240 - 2016/10

State of Florida Office of 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
Bradenton Family Medical
PO Box 499
Parrish, FL 34219

Provider Number : 029561240
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Manatee) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561242 - 2016/10

State of Florida Office of 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
Arcadia Childrens Health Care
PO Box 499
Parrish, FL 34219

Provider Number : 029561242
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Desoto. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 County Rural Health Services-Riverside Dr
PO Box 997
Palmetto, FL 342200997

Provider Number : 029561249
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate (Manatee). Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
Community Care Family Healthcare Ctr
P.O Box 997
Palmetto , Fl 34220

Provider Number : 029561251
Date : 09/28/2016
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 122.98 124.33j 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Desoto. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

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Permanent File
Program Development:

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

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 Hlth Svc
Comm Care Family Clinic Counseling Svc
PO Box 15949
Belfast, ME 04915

Provider Number : 029561254
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with an X.

Distribution:

- Fiscal Agent
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Florida Agency for Health Care Administration

029561255 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc

Provider Number : 029561255

Manatee Village Dental Ctr

Date : 09/28/2016

1312 Manatee Ave E

Fiscal Year End : N/A

Bradenton, 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Manatee. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561257 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc
Twin Rivers Medical Ctr
P.O Box 15949
Belfast, ME 34220

Provider Number : 029561257
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Desoto. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
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Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561262 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc-SCMC
South County Medical Ctr
PO Box 15949
Belfast, ME 04915

Provider Number : 029561262
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (listing options like Budget, Unaudited costs, Medicare - Prospective, Payment System Rate) and Rate Type (listing options like Prospective, Total Prospective, Interim, Settlement based on costs). Includes checkboxes and lines for selection.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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

029561264 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svc
 Community Care Family Clinic
 707 N 12th Ave
 Arcadia, Fl 34266

Provider Number : 029561264
 Date : 09/28/2016
 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	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			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Desoto</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Desoto	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>_____</td> <td>X Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		_____	X Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																	
_____	Budget																																
_____	Unaudited costs																																
_____	Desk audited costs																																
_____	Field audited costs																																
_____	Medicare - Prospective																																
X _____	Payment System Rate																																
_____	Average Nursing Home Rate																																
_____	Desoto																																
Rate Type :																																	
_____	X Prospective																																
_____	Total Prospective																																
_____	Prospective Adjusted for New costs																																
_____	Interim																																
_____	Total Interim																																
_____	Settlement based on costs																																

Distribution:

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

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561265 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc
Mobile Eye Care
12271 US Hwy 301 N
Parrish, Fl 34219

Provider Number : 029561265
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (with X for Payment System Rate) and Rate Type (with X for Prospective).

Distribution:

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Florida Agency for Health Care Administration

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 Hlth Svc
North Tuttle Family Hlth Ctr
220 North Tuttle Ave
Sarasota, Fl 34237

Provider Number : 029561268
Date : 09/28/2016
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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Manatee. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

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:

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Pinellas. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

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 Centers - Clearwater
707 Druid Rd E
Clearwater, FL 337563951

Provider Number : 029565501
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with an X.

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029565503 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center at Pinellas Park
7550 43rd Street N
Pinellas Park, FL 337813601

Provider Number : 029565503
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Pinellas. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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029565512 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center - Largo

Provider Number : 029565512

12420 - 130th Ave

Date : 09/28/2016

Largo, FL 337741950

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Pinellas. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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 Tallahassee, Florida 32308

029565514 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers @ Tarpon

Provider Number : 029565514

247 S. Huey Avenue

Date : 09/28/2016

Tarpon Springs, FL 346894205

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	111.23	112.46	10/01/2016
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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

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Pinellas</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Pinellas	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

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029565516 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers at Bayfront

Provider Number : 029565516

PO Box 10549

Date : 09/28/2016

St. Petersburg, FL 337330549

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Pinellas

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

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029565519 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers of Pinellas
Clearwater Dental
PO Box 10549
St Petersburg, FL 337330549

Provider Number : 029565519
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes and lines for selection.

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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 Petersburg

Provider Number : 029565521

PO Box 10549

Date : 09/28/2016

St Petersburg, FL 337330549

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 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

Table with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Pinellas. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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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 Health Centers-Dunedin

Provider Number : 029565523

Date : 09/28/2016

PO Box 10549

Fiscal Year End : N/A

St Petersburg, FL 33733

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Pinellas

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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. - Wewahitchka Medical Ctr
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568000
Date : 09/28/2016
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 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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Gulf. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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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

North Fl. Medical Ctr. Inc. - Wakulla Medical Ctr
Wakulla Medical Center
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568001
Date : 09/28/2016
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 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Wakulla

Rate Type :

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

Distribution:

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Florida Agency for Health Care Administration

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
Tri County Family Health Care
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568005
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Madison) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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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. - Mayo
Mayo Health Services
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568009
Date : 09/28/2016
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 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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Lafayette) and Rate Type (X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs)

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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

Provider Number : 029568010
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, and Madison. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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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 Fl. Medical Ctrs., Inc. - Family Medical Practice

Provider Number : 029568012

2804 Remington Green circle

Date : 09/28/2016

Tallahassee, FL 32308

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, and Dixie. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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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

North Fl. Medical Ctrs., Inc. - Gadsden Medical Center
Gadsden Medical Center
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568013
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Gadsden. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FL. Medical Center - Eastpoint Medical Center	Provider Number : 029568030
Eastpoint Medical Center	Date : 09/28/2016
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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Franklin	

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- Program Development:
- _____ For information Only (No Change in rate)

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 SW Florida - Downtown Ft Myers

Provider Number : 029570100

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, and Lee. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Lee

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Centers of SW Florida - Bonita Springs

Provider Number : 029570102

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Lee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Family Health Centers of SW Florida - East Ft Myers

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Lee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Family Health Centers of SW Florida - Leigh Acres

Provider Number : 029570105

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Lee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 SW Florida - North Ft Myers

Provider Number : 029570106

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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 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

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Distribution:

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Program Development:

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 S.W. Florida - Paul Lawrence

Provider Number : 029570107

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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 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

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Distribution:

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Program Development:

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Lee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



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

029570110 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers. of S.W. Florida - Cape Coral

Provider Number : 029570110

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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	109.27	110.47	10/01/2016
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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

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">Lee</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate	_____	Lee	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																	
_____	Budget																																
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_____	Total Interim																																
_____	Settlement based on costs																																

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 029570111

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Lee

Rate Type :

- X Prospective
Total Prospective
Prospective Adjusted for New costs
Interim
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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Lee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Family Hlth Ctr of SW Florida - Pine Island

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Lee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 029570117

PO Box 1357

Date : 09/28/2016

Fort Myers, FL 339021357

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Lee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Lee

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Springs

Provider Number : 029570120

P.O. Box 1588

Date : 09/28/2016

Ft. Myers, FL 33902

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 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

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Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570122 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth Ctr of SW Florida - Broadway Ave

Provider Number : 029570122

Date : 09/28/2016

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Lee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida
Cape Coral Health Center
PO Box 1357
Fort Myers, FL 33902

Provider Number : 029570125
Date : 09/28/2016
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 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Lee

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Family Health Centers of SW Florida - Kings Hwy #210
PO Box 1357
Fort Myers, FL 339021357

Provider Number : 029570127
Date : 09/28/2016
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 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

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Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570129 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth Ctr of SW Florida-Hagie Dr

Provider Number : 029570129

P.O. Box 1357

Date : 09/28/2016

Fort Meyers, Fl 33902

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Lee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Ctrs of SW FL-FGCU

Provider Number : 029570131

10501 FGCU Blvd South

Date : 09/28/2016

Fort Myers, Fl 33965

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Lee. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572800 - 2016/10

State of Florida Office of 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 : 029572800

10300 S.W. 216th Street

Date : 09/28/2016

Miami, FL 33190

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 029572801

810 West Mowry Street

Date : 09/28/2016

Homestead, FL 33030

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
W. Perrine Health Ctr
17623 Homestead Avenue
Perrine, FL 33157

Provider Number : 029572804
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Dade) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
Naranja Health Center
13890 S.W. 264 Street
Homestead, FL 33030

Provider Number : 029572805
Date : 09/28/2016
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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Dade

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029572809 - 2016/10

State of Florida Office of 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
Everglades Health Ctr
19200 SW 380th St
Florida City, Fl 33030

Provider Number : 029572809
Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029572810 - 2016/10

State of Florida Office of 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 Hlth of S. Florida-S Dade
South Dade Health Center
13600 SW 312th St
Homestead, FL 33090

Provider Number : 029572810
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572815 - 2016/10

State of Florida Office of 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 - Laura Saunders Elem

Provider Number : 029572815

10300 SW 216 Street
Miami, FL 33190

Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029572817 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Homestead Senior High

Provider Number : 029572817

10300 SW 216 St

Date : 09/28/2016

Miami, FL 33190

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572819 - 2016/10

State of Florida Office of 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

Provider Number : 029572819

10300 SW 216 St

Date : 09/28/2016

Miami, FL 33190

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Health of South Florida - CHI Doris Ison
15790 SW 307 Street
Homestead, FL 33035

Provider Number : 029572821
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572824 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Marathon Health Center

Provider Number : 029572824

10300 S.W. 216th Street

Date : 09/28/2016

Miami, FL 33190

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 149.37 151.01J 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Dade

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572826 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Moton Elementary Sch
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572826
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 South Florida - Campbell Drive Middle
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572827
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029572828 - 2016/10

State of Florida Office of 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 Drive Elem
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572828
Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Community Health of South Florida - H.A Ammons Middle
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572829
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572830 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Bowman Ashe Doolin 6-8
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572830
Date : 09/28/2016
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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Community Health of South Florida - John A. Ferguson Senior
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572831
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572832
Date : 09/28/2016
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 149.37 151.01j 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Dade

Rate Type :

- X Prospective
Total Prospective
Prospective Adjusted for New costs
Interim
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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Health of South Florida - W.A. Chapman Elem
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572833
Date : 09/28/2016
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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate, Dade) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs). X is marked next to Payment System Rate.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Community Health of South Florida - West Miami Middle

Provider Number : 029572835

10300 S.W. 216th Street

Date : 09/28/2016

Miami, FL 33190

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Community Health of South Florida - Braddock Senior
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572837
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Community Health of South Florida - Flagami Elem.

Provider Number : 029572852

10300 SW 216th Street

Date : 09/28/2016

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 149.37 151.01j 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Dade

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Health of S. Florida - Avocado Elem.

Provider Number : 029572853

10300 SW 216th Street

Date : 09/28/2016

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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Community Health of S. Florida - Airbase Elem

Provider Number : 029572854

10300 SW 216 Street

Date : 09/28/2016

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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Dade

Rate Type :

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

10300 SW 216th Street
Miami, FL 331901003

Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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. Florida - Homestead Middle
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572856
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Health of S. Florida - McMillan Middle

Provider Number : 029572857

10300 SW 216th Street

Date : 09/28/2016

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Dade

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Elem

Provider Number : 029572858

10300 SW 216th Street
Miami, FL 331901003

Date : 09/28/2016

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

029572859 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S Florida - Redondo Elem

Provider Number : 029572859

10300 SW 216th Street

Date : 09/28/2016

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 ^j	10/01/2016
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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**

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td>Budget</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Unaudited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Desk audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Field audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">Dade</td> </tr> </table>	Basis :			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	X	Payment System Rate		Average Nursing Home Rate		Dade	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 15%; text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Total Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Total Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
Basis :																																	
	Budget																																
	Unaudited costs																																
	Desk audited costs																																
	Field audited costs																																
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X	Payment System Rate																																
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	Total Prospective																																
	Prospective Adjusted for New costs																																
	Interim																																
	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, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572868
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Dade) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572870
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with an X.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029572875 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029572875
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Dade) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Number : 029572876
Date : 09/28/2016
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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate, Dade) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs). X is marked next to Payment System Rate and Prospective.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

029572890 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
 Leisure City K-8 Center
 10300 SW 216th Street
 Miami, FL 331901003

Provider Number : 029572890
 Date : 09/28/2016
 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 :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Dade	

Distribution:

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

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 029572897
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Dade. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

029574400 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- Okeechobee

 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number : 029574400
 Date : 09/28/2016
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic
 Swing-Bed Provider

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

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Basis :</div> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input checked="" type="checkbox"/> Payment System Rate <input type="checkbox"/> Average Nursing Home Rate <input type="checkbox"/> Okeechobee </p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Rate Type :</div> <p> <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs </p>
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Distribution:

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- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

FL Community Health Ctrs- Clewiston

Provider Number : 029574402

4450 South Tiffany Drive
West Palm Beach,, FL 33407

Date : 09/28/2016

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Okeechobee. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

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

4450 South Tiffany Drive

Date : 09/28/2016

West Palm Beach,, FL 33407

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Okeechobee. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574404 - 2016/10

State of Florida Office of 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- Ft. Pierce

Provider Number : 029574404

4450 South Tiffany Drive

Date : 09/28/2016

West Palm Beach,, FL 33407

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Okeechobee

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

Fiscal Agent

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[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

029574406 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- Lakeshore Medical

Provider Number : 029574406

4450 South Tiffany Drive

Date : 09/28/2016

West Palm Beach,, FL 33407

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** 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

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p>_____ Okeechobee</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

FL Community Health Centers - Pahokee

Provider Number : 029574418

4450 S. Tiffany Drive

Date : 09/28/2016

West Palm Beach, FL 33407

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Okeechobee. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

FL Community Health Center - Moore Haven

Provider Number : 029574420

4450 S. Tiffany Drive

Date : 09/28/2016

West Palm Beach, FL 334073241

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Glades. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574422 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Stuart
4450 South Tiffany Drive
West Palm Beach, FL 334073241

Provider Number : 029574422
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Martin. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

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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
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center
Ft. Pierce OB
4450 South Tiffany Drive
West Palm Beach, FL 334073241

Provider Number : 029574424
Date : 09/28/2016
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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and St Lucie. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

029574426 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Ctr
 Darwin Square Center
 4450 South Riffany Dr
 West Palm Beach, Fl 33407

Provider Number : 029574426
 Date : 09/28/2016
 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	122.60	123.95/	10/01/2016
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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**

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Basis :</div> <ul style="list-style-type: none"> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input checked="" type="checkbox"/> Payment System Rate <input type="checkbox"/> Average Nursing Home Rate <input type="checkbox"/> St Lucie 	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Rate Type :</div> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs
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Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:
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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Premier Community Healthcare Group, Inc
PO Box 232
Dade City, FL 33526

Provider Number : 037527610
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Pasco) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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

060551401 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Center

Provider Number : 060551401

1720 S. Gadsden St.

Date : 09/28/2016

Tallahassee, FL 32314

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
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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

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="right">Leon</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Leon	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
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<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Leon																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Bond Comm Health Assoc-West Orange

Provider Number : 060551402

1720 S Gadsden St
 Tallahassee, Fl 32310

Date : 09/28/2016
 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
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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

<table border="0" style="width: 100%;"> <tr> <th style="border: 1px solid black; padding: 2px;">Basis :</th> <td style="padding: 2px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Budget</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Unaudited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Desk audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Field audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Medicare - Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px; text-align: center;">X</td> <td style="padding: 2px;">Payment System Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Average Nursing Home Rate</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;">Leon</td> </tr> </table>	Basis :			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	X	Payment System Rate		Average Nursing Home Rate		Leon	<table border="0" style="width: 100%;"> <tr> <th style="border: 1px solid black; padding: 2px;">Rate Type :</th> <td style="padding: 2px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px; text-align: center;">X</td> <td style="padding: 2px;">Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Total Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Prospective Adjusted for New costs</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Total Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective		Total Prospective		Prospective Adjusted for New costs				Interim		Total Interim		Settlement based on costs
Basis :																																			
	Budget																																		
	Unaudited costs																																		
	Desk audited costs																																		
	Field audited costs																																		
	Medicare - Prospective																																		
X	Payment System Rate																																		
	Average Nursing Home Rate																																		
	Leon																																		
Rate Type :																																			
X	Prospective																																		
	Total Prospective																																		
	Prospective Adjusted for New costs																																		
	Interim																																		
	Total Interim																																		
	Settlement based on costs																																		

Distribution:

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Bond Community Health Center

Provider Number : 060551404

1720 S. Gadsden St.

Date : 09/28/2016

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

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Leon. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

060551405 - 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

Bond Community Health Clinic
THA Health Center at Joe Louis
1720 S. Gadsden Street
Tallahassee, FL 323015506

Provider Number : 060551405
Date : 09/28/2016
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
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Leon. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Specialty and Wellness Center

Provider Number : 060551408

1720 S. Gadsden Street

Date : 09/28/2016

Tallahassee, FL 323015506

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

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Leon. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

060638308 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers
 Johnnie Ruth Clarke Health Center
 PO Box 10549
 St Petersburg, FL 337330549

Provider Number : 060638308
 Date : 09/28/2016
 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	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			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____ Budget</td> <td></td> </tr> <tr> <td>_____ Unaudited costs</td> <td></td> </tr> <tr> <td>_____ Desk audited costs</td> <td></td> </tr> <tr> <td>_____ Field audited costs</td> <td></td> </tr> <tr> <td>_____ Medicare - Prospective</td> <td></td> </tr> <tr> <td>X _____ Payment System Rate</td> <td></td> </tr> <tr> <td>_____ Average Nursing Home Rate</td> <td></td> </tr> <tr> <td>_____ Pinellas</td> <td></td> </tr> </table>	Basis :		_____ Budget		_____ Unaudited costs		_____ Desk audited costs		_____ Field audited costs		_____ Medicare - Prospective		X _____ Payment System Rate		_____ Average Nursing Home Rate		_____ Pinellas		<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>X _____ Prospective</td> <td></td> </tr> <tr> <td>_____ Total Prospective</td> <td></td> </tr> <tr> <td>_____ Prospective Adjusted for New costs</td> <td></td> </tr> <tr> <td>_____ Interim</td> <td></td> </tr> <tr> <td>_____ Total Interim</td> <td></td> </tr> <tr> <td>_____ Settlement based on costs</td> <td></td> </tr> </table>	Rate Type :		X _____ Prospective		_____ Total Prospective		_____ Prospective Adjusted for New costs		_____ Interim		_____ Total Interim		_____ Settlement based on costs	
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Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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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 Diem Rates for Non-Institutional Providers

Neighborhood Medical Center

Provider Number : 262263706

Havana Middle School

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Gadsden. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Contract Management

Permanent File

Program Development:

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Medicaid Cost Reimbursement Analysis



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 2727 Mahan Drive - Mail Stop 23
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262263707 - 2016/10

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:	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			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gadsden</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Gadsden	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Gadsden) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:
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W.Rydell Samuel, Administrator (with signature)
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

262263709 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
 Lincoln Center
 438 West Brevard Street
 Tallahassee, FL 32301

Provider Number : 262263709
 Date : 09/28/2016
 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	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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: right;">Leon</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Leon	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
Smith Williams Center
438 West Brevard Street
Tallahassee, FL 32301

Provider Number : 262263710
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Leon. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



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

262263711 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
 C V Butler Bldg
 438 West Brevard Street
 Tallahassee, FL 32301

Provider Number : 262263711
 Date : 09/28/2016
 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** 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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Basis :</th> <th style="width: 50px;"></th> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="padding: 5px; text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Gadsden</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	X	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Gadsden	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Rate Type :</th> <th style="width: 50px;"></th> </tr> <tr> <td style="padding: 5px; text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

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- Program Development:
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

336 N.W. Fifth Street
Miami, FL 331281616

Date : 09/28/2016

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

680002505 - 2016/10

State of Florida Office of 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
 Salvation Army
 336 NW 5th Street
 Miami, FL 331281616


Provider Number : 680002505
 Date : 09/28/2016
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> 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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Dade	

Distribution:

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 Program Development:
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 Medicaid Cost Reimbursement Analysis



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern

Provider Number : 680002506

Camillus House

Date : 09/28/2016

336 NW 5th Street

Fiscal Year End : N/A

Miami, FL 331281616

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

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Distribution:

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W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

680002508 - 2016/10

State of Florida Office of 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
Better Way of Greater Miami
336 NW 5th Street
Miami, FL 331281616

Provider Number : 680002508
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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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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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

680002515 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern - 7th Ave

Provider Number : 680002515

336 NW 5th Street
 Miami, FL 331281616

Date : 09/28/2016
 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

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

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

680005000 - 2016/10

State of Florida Office of 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
 Fellsmere
 12196 CR 512
 Fellsmere, FL 32948

Provider Number : 680005000
 Date : 09/28/2016
 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	141.27	142.83 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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Indian River</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Indian River	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
<input type="checkbox"/>	Indian River																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Treasure Coast Community Health - Vero

Provider Number : 680005001

12196 CR 512

Date : 09/28/2016

Fellsmere, FL 32948

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Indian River. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent

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Program Development:

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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

680005002 - 2016/10

State of Florida Office of 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

12196 County Rd. 512

Date : 09/28/2016

Fellsmere, FL 32948

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Indian River

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Treasure Coast Comm Mental Health-Fellsmere

Provider Number : 680005011

12196 CR 512

Date : 09/28/2016

Fellsmere, FL 32948

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 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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Indian River

Rate Type :

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

Distribution:

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Contract Management
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Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Broward Comm & Family Health Centers, Inc

Provider Number : 680027100

2518 N State Rd. 7

Date : 09/28/2016

Hollywood, Fl 33021

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Broward

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

168 North Powerline Road

Date : 09/28/2016

Pompano Beach, FL 33069

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, and Broward. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



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

680027104 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health - West Park

Provider Number : 680027104

5010 Hollywood Blvd., Ste 100B

Date : 09/28/2016

Hollywood, FL 33021

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	145.22	146.82√	10/01/2016
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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

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Broward</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate		Broward	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>_____</td> <td>X Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		_____	X Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____		_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																			
_____	Budget																																		
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Rate Type :																																			
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_____	Settlement based on costs																																		

Distribution:

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

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

680027106 - 2016/10

State of Florida Office of 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
Hollywood, FL 330216557

Provider Number : 680027106
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Broward. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Comm & Family Hlth Ctrs-Powerline Rd

Provider Number : 680027108

5010 Hollywood Blvd

Date : 09/28/2016

Hollywood, Fl 33021

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Broward

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

680996100 - 2016/10

State of Florida Office of 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 Ser - Arcadia FHC

Provider Number : 680996100

P.O. Box 499

Date : 09/28/2016

Parrish, FL 34219

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Desoto

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

950 CR 17A West
Avon Park, Fl 33825

Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Polk. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

681969900 - 2016/10

State of Florida Office of 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. - Eatonville Med/Dent Center

Provider Number : 681969900

P.O. Box 4099

Date : 09/28/2016

Apopka, Fl 32704

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Orange

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Health Center-Hoffner
5449 South Semoran Blvd
Orange, Fl 32822

Provider Number : 682960100
Date : 09/28/2016
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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Orange). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Tampa Community Health Center - Mobile Medical Center

Provider Number : 683710700

P.O. Box 82969

Date : 09/28/2016

Tampa, FL 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Hillsborough

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 PCC

Provider Number : 683955003

P.O. Box 12229

Date : 09/28/2016

Naples, FL 34101

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Collier. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

683955005 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Hlth Svc-Creekside Pediatrics

Provider Number : 683955005

P.O Box 12229
Naples, Fl 34101

Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, and Collier. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Services - Ronald McDonald

Provider Number : 683955006

P. O. Box 12229
Naples, FL 34101

Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Not Selected. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Dental

Provider Number : 683955010

1454 Madison Avenue

Date : 09/28/2016

Imokalee, FL 33934

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Collier. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

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Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Collier Health Services, Inc. - FSU Primary Care

Provider Number : 683955012

1454 Madison Avenue

Date : 09/28/2016

Imokalee, FL 33934

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Collier

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Number : 683955014
Date : 09/28/2016
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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Program Development:

W.Rydell Samuel, Administrator
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For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Collier Health Services
Creekside Family Practice
PO Box 12229
Naples, FL 341012229

Provider Number : 683955017
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Collier. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
Total Womens Care
1454 Madison Ave
Immokalee, FL 34142

Provider Number : 683955021
Date : 09/28/2016
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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Collier. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
Friendship Hlth Ctr
1454 Madison Ave
Immokalee, Fl 34142

Provider Number : 683955023
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Collier. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Collier Health Svc-YMCA Rd

Provider Number : 683955024

5450 YMCA Rd #102

Date : 09/28/2016

Naples, Fl 34109

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Collier. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Collier Health Svc
Dental Care Central
1454 Madison Ave W
Immokalee, Fl 34142

Provider Number : 683955027
Date : 09/28/2016
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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Collier. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
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Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

1454 Madison Ave W

Date : 09/28/2016

Immokalee, FL 34142

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 :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate
Collier

Rate Type :

- X Prospective
Total Prospective
Prospective Adjusted for New costs
Interim
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, Administrator
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

FL Community Health Ctrs- St. Lucie

Provider Number : 684660200

4450 South Tiffany Drive
 West Palm Beach, FL 32407

Date : 09/28/2016

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

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

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

1701 S.E. Hillmoor Dr.

Date : 09/28/2016

Port St. Lucie, FL 34952

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Okeechobee. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

North Florida Medical Center, Inc. - Taylor Dental Center
Taylor Dental Clinic
409 East Ash Street
Perry, FL 323472309

Provider Number : 684783800
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

686032000 - 2016/10

State of Florida Office of 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

611 E. Adams St

Date : 09/28/2016

Jacksonville, FL 32202

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Duval. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Duval. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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. Joseph Care of Florida - Garrison Ave
2475 Garrison Avenue
Port St. Joe, FL 32546

Provider Number : 686728600
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Gulf. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

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 103.99 105.13✓ 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, and Gulf. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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. Joseph Care of Florida - Fourth Street

Provider Number : 686728604

2475 Garrison Avenue

Date : 09/28/2016

Port St. Joe, FL 32546

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Gulf. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Care Centers for Homeless - Westmoreland
234 N. Orange Blossom Trail
Orlando, FL 32805

Provider Number : 687429100
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Orange) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 - Parramore

Provider Number : 687429102

234 N. Orange Blossom Trail
Orlando, FL 32805

Date : 09/28/2016

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Orange. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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687429104 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless

Provider Number : 687429104

232 N. Orange Blossom Trail
32805, FL 328051612

Date : 09/28/2016

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Orange). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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687429106 - 2016/10

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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
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Orange) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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687429108 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for the Homeless
HTI, Orange Blossom Family Health
232 North Orange Blossom Trail
Orlando, FL 328051612

Provider Number : 687429108
Date : 09/28/2016
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 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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate Orange) and Rate Type (X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs)

Distribution:

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Program Development:

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687429110 - 2016/10

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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
 Date : 09/28/2016
 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** 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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Orange	

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- Program Development:

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687429112 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless
Orange Blossom Family Health Center #12
232 N. Orange Blossom Trail
Orange, FL 328051612

Provider Number : 687429112
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Ctr for the Homeless

Provider Number : 687429114

232 N Orange Blossom Trail

Date : 09/28/2016

Orlando, FL 32805-1612

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Orange. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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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, FL 32805

Provider Number : 687429116
Date : 09/28/2016
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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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687429118 - 2016/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Ctr for the Homeless#18

Provider Number : 687429118

Orange Blossom Family Hlth Ctr

Date : 09/28/2016

232 N. Orange Blossom Trail

Fiscal Year End : N/A

Orlando, FL 32805

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

687955100 - 2016/10

State of Florida Office of 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 Svc - North Volusia Ave

Provider Number : 687955100

PO Box 527

Date : 09/28/2016

Pierson, FL 32180

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Volusia. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

687955102 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Svcs - West Plymouth Ave
PO Box 527
Pierson, FL 32180

Provider Number : 687955102
Date : 09/28/2016
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 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

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Volusia. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955104 - 2016/10

State of Florida Office of 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

PO Box 527

Date : 09/28/2016

Pierson, FL 321800527

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 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

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Volusia. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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687955106 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services - Deland

Provider Number : 687955106

1015 N. Stone Street, Unit A
Deland, FL 32720

Date : 09/28/2016

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Volusia. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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688412100 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pinellas County Board-Mobile Med Unit

Provider Number : 688412100

647 1st Ave. North

Date : 09/28/2016

St. Petersburg, FL 337013601

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Pinellas). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Handwritten signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

688571300 - 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

Citrus Health Network
4175 W. 20th Avenue
Hialeah, FL 33012

Provider Number : 688571300
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Dade. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

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

Citrus Health Network

Provider Number : 688571302

551 West 51st Street Place, Second Floor
Hialeah, FL 330123601

Date : 09/28/2016

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Medicaid Cost Reimbursement Analysis



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688571306 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network, Inc.

Provider Number : 688571306

4175 West 20th Ave.

Date : 09/28/2016

Hialeah, FL 33012

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Signature of W.Rydell Samuel

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

688571308 - 2016/10

State of Florida Office of 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, E. 3rd St
4175 West 20th Ave.
Hialeah, FL 33012

Provider Number : 688571308
Date : 09/28/2016
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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Citrus Health Network-SW 26th St

Provider Number : 688571310

4175 W. 20th Ave

Date : 09/28/2016

Hialeah, FL 33012

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

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Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Citrus Health Network-Hialeah

Provider Number : 688571314

4175 W 20th Ave
Hialeah, Fl 33012

Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Brevard Health Alliance, Inc
5270 Babcock St NE
Palm Bay, FL 329054616

Provider Number : 688693100
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Interim, Settlement based on costs). Includes checkboxes and lines for selection.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

688693102 - 2016/10

State of Florida Office of 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 - Hickory

Provider Number : 688693102

Date : 09/28/2016

17 Silver Palm Ave.

Fiscal Year End : N/A

Melbourne, FL 329013231

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Brevard

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

688693106 - 2016/10

State of Florida Office of 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 - County Clinic

Provider Number : 688693106

220 Barton Blvd, Unit C14

Date : 09/28/2016

Rockledge, FL 32955

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Brevard. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 - BHA Intl Mobile Unit
220 Barton Blvd, Unit C14
Rockledge, FL 32955

Provider Number : 688693108
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Brevard. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Ave
500 N. Washington Ave., Ste 105
Titusville, FL 32796

Provider Number : 688693112
Date : 09/28/2016
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 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

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Brevard. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 688693114

775 Malabar Rd

Date : 09/28/2016

Malabar, FL 32950

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Brevard. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



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

688693119 - 2016/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard Health Alliance - Sarno

Provider Number : 688693119

PO Box 1137

Date : 09/28/2016

Melbourne, FL 329021137

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	140.83	142.38✓	10/01/2016
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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

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Brevard</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate		Brevard	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>_____</td> <td>X Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		_____	X Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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_____	Settlement based on costs																																

Distribution:

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

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 688693121

7227 North US Hwy 1

Date : 09/28/2016

Cocoa, Fl 32927

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

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W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
2309 E. 15th Street
Panama City, FL 32405

Provider Number : 689693600
Date : 09/28/2016
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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Bay. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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, Inc.

Provider Number : 689693603

Dental

Date : 09/28/2016

707 Jenks Ave., Suite A

Fiscal Year End : N/A

Panama City, FL 324012586

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Bay

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
CHC - Walton County
361 Greenway Trail
Santa Rosa Beach, FL 32401

Provider Number : 689693604
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Walton. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Florida - Bruce

Provider Number : 689693605

431 Oak Ave.

Date : 09/28/2016

Panama City, FL 32401

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, and Walton. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Signature

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Provider Number : 689693607

431 Oak Ave

Date : 09/28/2016

Panama City, FL 32401

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 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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Liberty

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

689693609 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Blountstown

Provider Number : 689693609

431 Oak Ave

Date : 09/28/2016

Panama City, FL 32401

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Calhoun. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Pancare of Florida - Bonifay

Provider Number : 689693611

431 Oak Ave

Date : 09/28/2016

Panama City, FL 32401

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Holmes. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

689693612 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Chipley

Provider Number : 689693612

431 Oak Ave

Date : 09/28/2016

Panama City, FL 32401

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Washington. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

689693615 - 2016/10

State of Florida Office of 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- Port St Joe

Provider Number : 689693615

403 11th St

Date : 09/28/2016

Panama City, Fl 32401

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate, and Gulf. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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-Wewahitchka

Provider Number : 689693617

403 E. 111th St

Date : 09/28/2016

Panama City, Fl 32401

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Gulf. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Florida-Carrabelle

Provider Number : 689693619

403 E. 11th St

Date : 09/28/2016

Panama City, Fl 32401

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 120.92 122.25J 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Franklin. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Agape Community Health Center
1760 Edgewood Ave West
Jacksonville, FL 32208

Provider Number : 690556100
Date : 09/28/2016
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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Duval. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

690556105 - 2016/10

State of Florida Office of 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 Universtiy Blvd, MC 75
Jacksonville, FL 32211

Provider Number : 690556105
Date : 09/28/2016
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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Duval. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Rates 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 ✓	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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Gilchrist

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Central Florida Health Care - OB/GYN

Provider Number : 691835200

950 Co. Road 17A West

Date : 09/28/2016

Avon Park, FL 33825

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

691835202 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Lakeland

Provider Number : 691835202

950 Co. Road 17A West

Date : 09/28/2016

Avon Park, FL 33825

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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.
CFHC - Winter Haven Center
1514 1st Street North
Winter Haven, FL 338812476

Provider Number : 691835204
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Central Florida Health Care
Lake Wales Dental
225 Lincoln Ave
Lake Wales, FL 338533546

Provider Number : 691835206
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

North Florida Med. Ctr - Taylor Medical

Provider Number : 692957500

255 W. River Road

Date : 09/28/2016

Wewahitchka, FL 32465

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Taylor. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Community Clinics

Provider Number : 692990700

2200 N. Palafox St

Date : 09/28/2016

Pensacola, FL 32514

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis



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 Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.

Provider Number : 692990702

Santa Rosa Community Clinic

Date : 09/29/2016

2200 North Palafox Street

Fiscal Year End : N/A

Pensacola, FL 32501

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Escambia

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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 Community Clinics, Inc
2200 N. Palafox Street
Pensacola, FL 32501

Provider Number : 692990704
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Flagler. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.
Lanza Pediatrics
2200 N. Palafox Street
Pensacola, FL 32501

Provider Number : 692990705
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Escambia) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.
Lakeview Medical Clinic
2200 N. Palafox Street
Pensacola, FL 32501

Provider Number : 692990706
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), and Hospice Provider with various codes like #651, #651a, #652, etc.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis

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 Non-Institutional Providers

Escambia Community Clinics Inc

Provider Number : 692990710

First Steps Pediatrics

Date : 09/29/2016

2200 North Palafox Street

Fiscal Year End : N/A

Pensacola, FL 325011723

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Escambia

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Escambia

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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-Institutional Providers

Escambia Community Clinic
Waterfront Rescue Mission
2200 North Palafox Street
Pensacola, FL 32505

Provider Number : 692990716
Date : 09/29/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with an X.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

North Florida Med Ctr - Crestview Med Center
535 John Knox Rd
Tallahassee, FL 32303

Provider Number : 693564800
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Okaloosa. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

693564804 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers-Shalimar

Provider Number : 693564804

Date : 09/28/2016

2804 Remington Green Cir Ste 2

Fiscal Year End : N/A

Tallahassee, FL 323081550

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Okaloosa. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

693564806 - 2016/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center- Wright Pkwy

Provider Number : 693564806

2804 Remington Green Cir Ste 2

Date : 09/28/2016

Tallahassee, FL 323081550

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Okaloosa. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

693564808 - 2016/10

State of Florida Office of 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-Land Rd

Provider Number : 693564808

2804 Remington Green Cir Ste 2

Date : 09/28/2016

Tallahassee, FL 323081550

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Okaloosa. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, 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, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

2804 Remington Green Cir Ste 2

Fiscal Year End : N/A

Tallahassee, FL 323081550

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

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 :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Okaloosa

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

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, Administrator

Medicaid Cost Reimbursement Analysis