



Florida Agency for Health Care Administration

000835600 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Dept of Health d/b/a Osceola Co. Health Dept.	Provider Number : 000835600
	Date : 10/02/2017
105 Doverplum Ave.	Fiscal Year End : N/A
Kissimmee, FL 347583309	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	134.59	136.20	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000952900 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	113.76	115.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001182600 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FoundCare, Inc.	Provider Number : 001182600
	Date : 10/02/2017
2330 S. Congress Ave.	Fiscal Year End : N/A
Palm Springs, FL 334067608	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001182602 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
2330 S Congress Ave	Fiscal Year End : N/A
Palm Springs, Fl 33406	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001276200 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001718300 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	121.54	123.00	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Marion	

Distribution:

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- 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

001718304 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	121.54	123.00	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

001718306 - 2017/10

State of Florida Office of 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
 1025 SW 1st Ave.
 Ocala, FL 344710900

Provider Number : 001718306
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	121.54	123.00	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Ocala East	Provider Number : 001718308
Marion County Health Department	Date : 10/02/2017
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	121.54	123.00	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

001718311 - 2017/10

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

Provider Number : 001718311
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	121.54	123.00	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

001718313 - 2017/10

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

Heart of Florida Health Center
Ocala West Family Medicine
1025 SW 1st Ave
Ocala, FL 344710900

Provider Number : 001718313
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	121.54	123.00	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001718315 - 2017/10

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

Heart of Florida Health Center-17th St	Provider Number : 001718315
	Date : 10/02/2017
1025 SW 1st Ave	Fiscal Year End : N/A
Ocala, FL 34471	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	121.54	123.00	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

001718317 - 2017/10

State of Florida Office of 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-Dunnellon
 1025 SW 1st Ave
 Ocala, FL 34471

Provider Number : 001718317
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	121.54	123.00	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003407902 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource, Inc.	Provider Number : 003407902
Care Resource	Date : 10/02/2017
3510 Biscayne Blvd, Ste 300	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

003407905 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource	Provider Number : 003407905
Comm Health Ctr @ Little Havana	Date : 10/02/2017
3510 Biscayne Blvd., Suite 300	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003407907 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

003407909 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

006558500 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
1200 Kennedy Drive, Suite 2011	Fiscal Year End : N/A
Key West, FL 330404023	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	140.08	141.76	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

006608600 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

006608601 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
564 E. Woolbright Road	Fiscal Year End : N/A
Boynton, FL 334356033	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

006608603 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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006608605 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Genesis Community Health-6th St	Provider Number : 006608605
	Date : 10/02/2017
2623 S Seacrest Blvd	Fiscal Year End : N/A
Boynton Beach, Fl 33435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037100 - 2017/10

State of Florida Office of 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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care 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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

008037104 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County	Provider Number : 008037104
HCD Belle Glade Primary Care Clinic	Date : 10/02/2017
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

008037106 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 008037106
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037108 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings, Inc	Provider Number : 008037108
C L Brumback Primary Care Clinic	Date : 10/02/2017
2601 10th Ave N Ste 100	Fiscal Year End : N/A
Palm Springs, FL 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037110 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


District Clinic Holding	Provider Number : 008037110
	Date : 10/02/2017
2601 10th Ave N	Fiscal Year End : N/A
Palm Springs, FL 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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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

District Clinic Holdings Inc	Provider Number : 008037112
C.L. Brumback Primary Care Clinics	Date : 10/02/2017
2601 10th Ave N Ste 100	Fiscal Year End : N/A
West Palm Beach, FL 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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- 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

008037114 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings-State Rd 80	Provider Number : 008037114
	Date : 10/02/2017
2601 10th Ave North	Fiscal Year End : N/A
Palm Springs, Fl 33461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008037118 - 2017/10

State of Florida Office of 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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008037123 - 2017/10

State of Florida Office of 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	Provider Number : 008037123
	Date : 10/02/2017
23123 State Road 7, Suite 108-11	Fiscal Year End : N/A
Boca Raton, FL 33428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

008037124 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings Inc	Provider Number : 008037124
	Date : 10/02/2017
411 West Indiantown Rd	Fiscal Year End : N/A
Jupiter, FL 33458	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	133.38	134.98	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008560700 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	114.18	115.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010433900 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 010433900
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.75	132.32	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010739700 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	141.23	142.92	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762301 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762302 - 2017/10

State of Florida Office of 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 : 010762302
Beckford/Richmond Elementary	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762307 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762315 - 2017/10

State of Florida Office of 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 : 010762315
Gateway Environmental K-8 Center	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762326 - 2017/10

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 of South Florida
 Zora Neale Hurston Elementary
 10300 SW 216th Street
 Miami, FL 331901003

Provider Number : 010762326
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762334 - 2017/10

State of Florida Office of 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
 10300 SW 216th St
 Miami, FL 33190


Provider Number : 010762334
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762336 - 2017/10

State of Florida Office of 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 : 10/02/2017
10300 SW 216th St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
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010762338 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hlth of S. FI-Marjory Stoneman Douglas Elem	Provider Number : 010762338
	Date : 10/02/2017
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	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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010762341 - 2017/10

State of Florida Office of 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
 10300 SW 216th St
 Miami, St 33190

Provider Number : 010762341
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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010762345 - 2017/10

State of Florida Office of 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, FL 33190

Provider Number : 010762345
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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010762346 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida-NW 2nd St	Provider Number : 010762346
	Date : 10/02/2017
10300 SW 216th St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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010762349 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida-SW 2nd St	Provider Number : 010762349
	Date : 10/02/2017
10300 SW 216th St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

010762353 - 2017/10

State of Florida Office of 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
 10300 SW 216th Street
 Miami, FL 33190

Provider Number : 010762353
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family & Child Enrichment, Inc.
 1825 NW 167th Street, Suite 102
 Miami Gardens, FL 330564838

Provider Number : 010930500
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.12	143.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 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></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 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:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010946400 - 2017/10

State of Florida Office of 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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.78	109.07	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010946402 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 010946402
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.78	109.07	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

013881900 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center Inc-Coral Gables	Provider Number : 013881900
	Date : 10/02/2017
6100 Blue Lagoon Dr Ste 400	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	140.08	141.76	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

013881902 - 2017/10

State of Florida Office of 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	Provider Number : 013881902
Banyan Health Systems, Inc	Date : 10/02/2017
6100 Blue Lagoon Dr Suite 400	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	140.08	141.76	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

013881903 - 2017/10

State of Florida Office of 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	Provider Number : 013881903
Banyan Health Systems	Date : 10/02/2017
6100 Blue Lagoon Dr	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	140.08	141.76	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

013881906 - 2017/10

State of Florida Office of 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-Miami	Provider Number : 013881906
	Date : 10/02/2017
10 NW 42nd Avenue	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	140.08	141.76	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
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Florida Agency for Health Care Administration

014789100 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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



Florida Agency for Health Care Administration

014789102 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
P.O. Box 2147	Fiscal Year End : N/A
Fort Myers, Fl 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

014789104 - 2017/10

State of Florida Office of 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- #4
 P.O. Box 2147
 Fort Myers, Fl 33902

Provider Number : 014789104
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014789106 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System
 4040 Palm Beach Blvd
 Fort Myers, FL 33916

Provider Number : 014789106
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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Florida Agency for Health Care Administration

014789107 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System-Bass Rd	Provider Number : 014789107
	Date : 10/02/2017
PO Box 2147	Fiscal Year End : N/A
Fort Myers, FL 33902-2147	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

014789110 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 014789110
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234400 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Comm Hlth Ctr-King St	Provider Number : 017234400
	Date : 10/02/2017
120 King St	Fiscal Year End : N/A
Jacksonville, FL 32204	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234402 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Agape Community Health-Jacksonville	Provider Number : 017234402
	Date : 10/02/2017
5150 Timuquana Rd	Fiscal Year End : N/A
Jacksonville, FL 32210	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234404 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 017234404
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

017234406 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

017234409 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 017234409
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

019852700 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Centers	Provider Number : 019852700
Borinquen Medical Centers of Miami Dade	Date : 10/02/2017
3601 Federal Highway	Fiscal Year End : N/A
North Miami, FL 33161	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

027937411 - 2017/10

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

Hernando County Health Dept
 Nature Coast Community Health Center
 7551 Forest Oaks Boulevard
 Spring Hill, FL 34606

Provider Number : 027937411
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	125.65	127.16	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029152803 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Marion E. Fether	Provider Number : 029152803
	Date : 10/02/2017
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	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - East Naples Medical Ctr	Provider Number : 029152805
	Date : 10/02/2017
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	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Hlth Svc-Golden Gate Pediatrics	Provider Number : 029152806
	Date : 10/02/2017
1454 Madison Ave	Fiscal Year End : N/A
Immokalee , Fl 34116	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Hlth Svc-Childrens Hlth Network	Provider Number : 029152807
	Date : 10/02/2017
1454 Madison Ave	Fiscal Year End : N/A
Immokalee , FI 34103	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029152809 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Hlth Svc-Marco Island Pediatrics	Provider Number : 029152809
	Date : 10/02/2017
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, Fl 34145	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029152810 - 2017/10

State of Florida Office of 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- Immokalee FCC	Provider Number : 029152810
	Date : 10/02/2017
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, Fl 34142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center, Inc.	Provider Number : 029506001
	Date : 10/02/2017
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Bradford	Provider Number : 029506007
	Date : 10/02/2017
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Pediatrics	Provider Number : 029506009
TMC Pediatrics	Date : 10/02/2017
2010 N. Young Blvd.	Fiscal Year End : N/A
Chiefland, FL 326261951	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029506011
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029506013 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Trenton Medical Center - Palms Pediatrics	Provider Number : 029506013
Palms Pediatrics	Date : 10/02/2017
PO Box 640	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506015
Palms Medical Group	Date : 10/02/2017
PO Box 640	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029506017
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029506019 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Trenton Medical Center Inc.-Live Oak	Provider Number : 029506019
Palms Medical Group	Date : 10/02/2017
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 326933239	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center-Orange Park	Provider Number : 029506021
Palms Medical Group	Date : 10/02/2017
23343 NW County Rd 236	Fiscal Year End : N/A
High Springs, Fl 32643	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029506023 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center
 Palms Medical Group - Bell
 23343 NW County Rd 236
 High Springs, FL 32643-9669

Provider Number : 029506023
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center - Dover Health Center	Provider Number : 029523001
	Date : 10/02/2017
14618 State Road 574	Fiscal Year End : N/A
Dover, FL 33527	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Flamingo	Provider Number : 029540000
	Date : 10/02/2017
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	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Main	Provider Number : 029541800
	Date : 10/02/2017
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	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - North	Provider Number : 029541802
	Date : 10/02/2017
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Cope North	Provider Number : 029541804
	Date : 10/02/2017
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	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029541806 - 2017/10

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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
	Date : 10/02/2017
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Norland HCC	Provider Number : 029541808
	Date : 10/02/2017
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Charles Drew Elem	Provider Number : 029541810
	Date : 10/02/2017
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center	Provider Number : 029541846
Norland Primary Health	Date : 10/02/2017
5607 NW 27th Ave, Ste 1	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029541848 - 2017/10

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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	Provider Number : 029541848
	Date : 10/02/2017
5607 NW 27th Avenue	Fiscal Year End : N/A
Miami, FL 331422826	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029541850 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessica Trice Community Health Center- 75th Street	Provider Number : 029541850
	Date : 10/02/2017
5607 NW 27th Ave, Suite 1	Fiscal Year End : N/A
Miami, FL 331422826	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029541852
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Ctr-Hialeah	Provider Number : 029541854
	Date : 10/02/2017
5607 NW 27th Ave	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Distribution:

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- Program Development:

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 Medicaid Cost Reimbursement Analysis

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029541856 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029541856
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029541858 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029541858
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029541860 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
5607 NW 27th Ave	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029541862 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice-54th Ave	Provider Number : 029541862
	Date : 10/02/2017
5607 NW 27th Ave	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - James Scott Satellite	Provider Number : 029542600
	Date : 10/02/2017
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	131.55	133.13	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029543400 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
P.O. Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Palatka Family Medical Center	Provider Number : 029543401
	Date : 10/02/2017
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

029543402 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Crescent City Family Med. Center	Provider Number : 029543403
	Date : 10/02/2017
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Keystone Family Med. Center	Provider Number : 029543405
	Date : 10/02/2017
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Hawthorne Family Med. Center	Provider Number : 029543406
	Date : 10/02/2017
P.O. Box 817	Fiscal Year End : N/A
Palatka, Fl 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Palatka Family Medical Center	Provider Number : 029543407
	Date : 10/02/2017
P.O. Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029543411 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Family Med & Dental Ctr - Elm Street	Provider Number : 029543411
	Date : 10/02/2017
P.O. Box 817	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Rural Health Care, Inc.	Provider Number : 029543413
Eastside Family Dental Center	Date : 10/02/2017
PO Drawer 817	Fiscal Year End : N/A
Palatka, FL 321780817	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Corp
Family Medical & Dental Centers
PO Box 817
Palatka, FL 32178

Provider Number : 029543414
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

- Fiscal Agent
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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029543416 - 2017/10

State of Florida Office of 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	Provider Number : 029543416
Family Medical & Dental - Clay Co.	Date : 10/02/2017
PO Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029543418 - 2017/10

State of Florida Office of 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.	Provider Number : 029543418
Family Medical & Dental Ctrs - Green Cove	Date : 10/02/2017
PO Box 817	Fiscal Year End : N/A
Palatka, FL 321780817	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029543422
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029543424 - 2017/10

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

Rural Health Care
Azalea Health - State Road
PO Box 817
Palatka, FL 32178-0817

Provider Number : 029543424
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029543427 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care- Azalea Health Dunn Avenue	Provider Number : 029543427
	Date : 10/02/2017
1455 Dunn Avenue	Fiscal Year End : N/A
Daytona Beach, FL 32114-1437	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.89	126.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center - Stanley C. Myers	Provider Number : 029544200
	Date : 10/02/2017
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center - Beverly Press	Provider Number : 029544201
	Date : 10/02/2017
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544207 - 2017/10

State of Florida Office of 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	Provider Number : 029544207
	Date : 10/02/2017
710 Alton Road	Fiscal Year End : N/A
Miami, FL 33139	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029544214 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm Health Center - North Suite 309	Provider Number : 029544214
	Date : 10/02/2017
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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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 : 10/02/2017
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	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544217 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm Health Ctr - North Suite 308	Provider Number : 029544217
	Date : 10/02/2017
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544220 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
11645 Biscayne Blvd	Fiscal Year End : N/A
North Miami, FL 33181	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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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

Miami Beach Comm Hlth Ctr-N Miami	Provider Number : 029544222
	Date : 10/02/2017
11645 Biscayne Blvd	Fiscal Year End : N/A
North Miami, FL 33181	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029544224 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center	Provider Number : 029544224
	Date : 10/02/2017
11645 Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33181	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	132.60	134.19	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.	Provider Number : 029545100
	Date : 10/02/2017
P.O. Box 1249	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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029545108 - 2017/10

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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, Inc.- Winter Garden Child Hlth	Provider Number : 029545108
WG Childrens Health	Date : 10/02/2017
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	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Southlake Fmly Hlth	Provider Number : 029545110
Southlake Family Health	Date : 10/02/2017
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	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Winter Garden Fmly Hlth	Provider Number : 029545111
WG Family Health Center	Date : 10/02/2017
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	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Leesburg
Leesburg Community
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545112
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029545113
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029545114 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545115 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
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	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Lake Ellenor
 P.O. Box 2329
 Apopka, FL 32704

Provider Number : 029545119
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.	Provider Number : 029545121
Apopka Dental	Date : 10/02/2017
PO Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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#659 Room and Board			

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers
 Bithlo Family Health Center
 PO Box 2329
 Apopka, FL 32704

Provider Number : 029545123
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029545125
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers-Tavares	Provider Number : 029545129
	Date : 10/02/2017
110 S Woodland St	Fiscal Year End : N/A
Winter Garden, FL 34787	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers-Orlando	Provider Number : 029545131
	Date : 10/02/2017
110 S Woodland St	Fiscal Year End : N/A
Winter Garden, FL 34787	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029547700 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Thomas E. Langley Medical Center	Provider Number : 029547700
	Date : 10/02/2017
1425 S. U.S. Hwy 301	Fiscal Year End : N/A
Sumterville, FL 33585	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.70	133.28	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Medical Center at the Shores	Provider Number : 029547702
	Date : 10/02/2017
1425 S. U.S. Hwy 301	Fiscal Year End : N/A
Sumterville, FL 33585	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.70	133.28	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029547709 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Project Health	Provider Number : 029547709
	Date : 10/02/2017
1425 US Hwy 301	Fiscal Year End : N/A
Sumterville, FL 33585	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	131.70	133.28	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548500 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548502 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029548503 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Distribution:

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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Lee Davis	Provider Number : 029548504
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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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
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Rome Ave	Provider Number : 029548506
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Waters Ave	Provider Number : 029548513
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center	Provider Number : 029548516
Mobil Dental Van	Date : 10/02/2017
PO Box 82969	Fiscal Year End : N/A
Tamp, 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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Tampa Family Health Center #11	Provider Number : 029548517
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #27	Provider Number : 029548519
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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



Florida Agency for Health Care Administration

029548520 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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- Program Development:

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548521 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers #25	Provider Number : 029548521
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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- Permanent File
- Program Development:

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548522 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Tampa Family Health Centers #24	Provider Number : 029548522
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548527 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #23	Provider Number : 029548527
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548529 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center Inc 28	Provider Number : 029548529
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548531 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers - #31	Provider Number : 029548531
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548533 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029548535 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center- Fletcher Ave	Provider Number : 029548535
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548537 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers #37	Provider Number : 029548537
	Date : 10/02/2017
P. O. Box 82969	Fiscal Year End : N/A
Tampa, FL 33268	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549300 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Frostproof	Provider Number : 029549300
	Date : 10/02/2017
109 West Wall Street	Fiscal Year End : N/A
Frostproof, FL 33843	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Wachula	Provider Number : 029549301
	Date : 10/02/2017
204 E. Palmetto Street	Fiscal Year End : N/A
Wauchula, FL 33873	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029549304 - 2017/10

State of Florida Office of 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
 400 South Lake Avenue
 Avon Park, FL 33825


Provider Number : 029549304
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029549305 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Center - Hardee	Provider Number : 029549305
	Date : 10/02/2017
950 County Road 17A West	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549307 - 2017/10

State of Florida Office of 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
 950 County Rd 17A West
 Avon Park, FL 33825

Provider Number : 029549307
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549309 - 2017/10

State of Florida Office of 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
 47 5th St NW
 Winter Haven, Fl 33881

Provider Number : 029549309
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029549311
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029549316 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
201 Magnolia Ave SW	Fiscal Year End : N/A
Winter Haven, Fl 33880	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029549318 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Central Florida Health Care	Provider Number : 029549318
	Date : 10/02/2017
705 Ingraham Avenue	Fiscal Year End : N/A
Haines City, FL 33844	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029549319 - 2017/10

State of Florida Office of 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 1st Street	Provider Number : 029549319
	Date : 10/02/2017
PO Box 16344	Fiscal Year End : N/A
Winter Haven, FL 04915-4058	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029550700 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
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	147.54	149.31	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community HC Group - Zephyrhills	Provider Number : 029550701
	Date : 10/02/2017
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	147.54	149.31	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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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

029550702 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	147.54	149.31	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029550703 - 2017/10

State of Florida Office of 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	Provider Number : 029550703
	Date : 10/02/2017
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	147.54	149.31	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029550704 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	147.54	149.31	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029550714 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
P.O.Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	147.54	149.31	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

029550716 - 2017/10

State of Florida Office of 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	Provider Number : 029550716
	Date : 10/02/2017
P.O Box 232	Fiscal Year End : N/A
Dade City, Fl 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	147.54	149.31	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029551500 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center	Provider Number : 029551500
	Date : 10/02/2017
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 327716012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health-Alafaya	Provider Number : 029551502
	Date : 10/02/2017
11881-A E. Colonial Dr.	Fiscal Year End : N/A
Orlando, FL 32826	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

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Florida Agency for Health Care Administration

029551504 - 2017/10

State of Florida Office of 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
 4930 E. Lake Mary Blvd
 Sanford, FL 32771

Provider Number : 029551504
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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029551506 - 2017/10

State of Florida Office of 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	Provider Number : 029551506
	Date : 10/02/2017
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 32771	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029551513 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center - Forsyth	Provider Number : 029551513
	Date : 10/02/2017
4930 E. Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 32771	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center - Silver Star	Provider Number : 029551515
	Date : 10/02/2017
4930 E Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 327716012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029551517 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029551517
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029551518 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029551518
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029551521 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center	Provider Number : 029551521
True Health - Airport Blvd	Date : 10/02/2017
4930 E. Lake Mary Blvd.	Fiscal Year End : N/A
Sanford, FL 32771-5003	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

- Fiscal Agent
- Contract Management
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- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029552300 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Family Health Center of Columbia County, Inc.	Provider Number : 029552300
	Date : 10/02/2017
P.O. Box 249	Fiscal Year End : N/A
Lake City, FL 32056	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	100.61	101.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center, Inc.	Provider Number : 029554000
	Date : 10/02/2017
3601 Federal Highway 3rd Floor	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care - Federal Hwy	Provider Number : 029554002
	Date : 10/02/2017
3601 Federal Highway 3rd Floor	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029554003 - 2017/10

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

Borinquen Health Care Center, SW 8th Street	Provider Number : 029554003
	Date : 10/02/2017
3601 Federal Highway, 3rd Floor Finance	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center	Provider Number : 029554016
	Date : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 19
 3601 Federal Highway
 Miami, FL 331373795


Provider Number : 029554019
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554021 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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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

029554023 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Borinquen Health Care Center - 23	Provider Number : 029554023
	Date : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554025 - 2017/10

State of Florida Office of 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
 3601 Federal Highway
 Miami, FL 331373795

Provider Number : 029554025
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554027 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029554029 - 2017/10

State of Florida Office of 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	Provider Number : 029554029
	Date : 10/02/2017
3601 Federal Highway, Suite 200	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554031 - 2017/10

State of Florida Office of 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
 3601 Federal Highway
 Miami, FL 331373795

Provider Number : 029554031
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554033 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - Cottonwood Cir	Provider Number : 029554033
	Date : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554035 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029554037 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029554039 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - Bay Harbor Islands	Provider Number : 029554039
	Date : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029554041 - 2017/10

State of Florida Office of 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
 3601 Federal Highway
 Miami, FL 331373795

Provider Number : 029554041
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029554043 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	127.55	129.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Ruskin	Provider Number : 029557400
	Date : 10/02/2017
P.O. Box 1349	Fiscal Year End : N/A
Ruskin, FL 33570	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

029557401 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557401
Women and Children Community Health Center	Date : 10/02/2017
PO Box 2096	Fiscal Year End : N/A
Plant City, FL 33563	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029557402 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557403 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Suncoast Community HCC - Mobley Street	Provider Number : 029557403
	Date : 10/02/2017
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	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029557405 - 2017/10

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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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029557408 - 2017/10

State of Florida Office of 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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

Basis :	Rate Type :
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<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
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<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Hillsborough	

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Florida Agency for Health Care Administration

029557409 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029557409
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557412
Oakfield Community Health Center	Date : 10/02/2017
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



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029557414 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Suncoast Community Health Centers	Provider Number : 029557414
Oakfield Community Dental Care	Date : 10/02/2017
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
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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

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

Provider Number : 029557416
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029557417 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557420 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557420
Wimauma Community Health Center	Date : 10/02/2017
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029557422 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557422
Palm River Community Health Center	Date : 10/02/2017
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.79	148.55	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561200 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029561201
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			


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

Rate Type :
X <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:

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

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svcs. - Hwy 301	Provider Number : 029561202
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561203 - 2017/10

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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
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561204 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - East Manatee Health
 700 8th Ave W
 Palmetto, FL 34221

Provider Number : 029561205
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561206 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc-Myakka FHCC	Provider Number : 029561206
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc-Infectious Disease Ctr	Provider Number : 029561207
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser. - North CHC Medical	Provider Number : 029561210
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Palmetto FHC	Provider Number : 029561214
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561218 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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029561220 - 2017/10

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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
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Lakewood	Provider Number : 029561222
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural County Health Services - Riverview	Provider Number : 029561224
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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- Contract Management
- Permanent File
- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - Whole Child Pediatrics	Provider Number : 029561228
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - General Surgery	Provider Number : 029561230
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rual Health Services
 River Landings OB/GYN
 700 8th Ave W
 Palmetto, FL 34221

Provider Number : 029561233
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services
 North County Family Vision Center
 700 8th Ave W
 Palmetto, FL 34221

Provider Number : 029561236
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

- Fiscal Agent
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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services, Inc.	Provider Number : 029561238
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561240 - 2017/10

State of Florida Office of 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
 700 8th Ave W
 Palmetto, FL 34221

Provider Number : 029561240
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561242 - 2017/10

State of Florida Office of 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
 700 8th Ave W
 Palmetto, FL 34221

Provider Number : 029561242
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561249 - 2017/10

State of Florida Office of 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	Provider Number : 029561249
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svc-DeSoto
Community Care Family Healthcare Ctr
700 8th Ave W
Palmetto , Fl 34221

Provider Number : 029561251
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Contract Management
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561254 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc
 Comm Care Family Clinic Counseling Svc
 700 8th Ave W
 Palmetto, FI 34221

Provider Number : 029561254
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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- Permanent File
- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc
Manatee Village Dental Ctr
700 8th Ave W
Palmetto, FI 34221

Provider Number : 029561255
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<table border="1"> <tr> <td>Basis :</td> </tr> <tr> <td><input type="checkbox"/> Budget</td> </tr> <tr> <td><input type="checkbox"/> Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/> Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/> Field audited costs</td> </tr> <tr> <td><input type="checkbox"/> Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/> Average Nursing Home Rate</td> </tr> <tr> <td style="text-align: center;">Manatee</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	Manatee	<table border="1"> <tr> <td>Rate Type :</td> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> 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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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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc
Twin Rivers Medical Ctr
700 8th Ave W
Palmetto, FI 34221

Provider Number : 029561257
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

- Fiscal Agent
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029561262 - 2017/10

State of Florida Office of 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
 700 8th Ave W
 Palmetto, FI 34221

Provider Number : 029561262
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561264 - 2017/10

State of Florida Office of 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
Community Care Family Clinic
700 8th Ave W
Palmetto, FI 34221

Provider Number : 029561264
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029561265 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc
Mobile Eye Care
700 8th Ave W
Palmetto, FI 34221

Provider Number : 029561265
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029561268 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hlth Svc
North Tuttle Family Hlth Ctr
700 8th Ave W
Palmetto, FI 34221

Provider Number : 029561268
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029565500 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.45	113.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Clearwater	Provider Number : 029565501
	Date : 10/02/2017
707 Druid Rd E	Fiscal Year End : N/A
Clearwater, FL 337563951	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.45	113.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center at Pinellas Park	Provider Number : 029565503
	Date : 10/02/2017
7550 43rd Street N	Fiscal Year End : N/A
Pinellas Park, FL 337813601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.46	113.81	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center - Largo	Provider Number : 029565512
	Date : 10/02/2017
12420 - 130th Ave	Fiscal Year End : N/A
Largo, FL 337741950	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.45	113.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029565514 - 2017/10

State of Florida Office of 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 @ Tarpon	Provider Number : 029565514
	Date : 10/02/2017
247 S. Huey Avenue	Fiscal Year End : N/A
Tarpon Springs, FL 346894205	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.46	113.81	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029565516 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers at Bayfront	Provider Number : 029565516
	Date : 10/02/2017
PO Box 10549	Fiscal Year End : N/A
St. Petersburg, FL 337330549	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.45	113.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers of Pinellas	Provider Number : 029565519
Clearwater Dental	Date : 10/02/2017
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.45	113.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers of Pinellas- St Petersburg	Provider Number : 029565521
	Date : 10/02/2017
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.45	113.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

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State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers-Dunedin	Provider Number : 029565523
	Date : 10/02/2017
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	112.45	113.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr. Inc. - Wakulla Medical Ctr	Provider Number : 029568001
Wakulla Medical Center	Date : 10/02/2017
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	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr., Inc. - Tri County FHCC
 Tri County Family Health Care
 2804 Remington Green circle
 Tallahassee, FL 32308

Provider Number : 029568005
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029568009 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#659 Room and Board			

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029568010 - 2017/10

State of Florida Office of 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	Provider Number : 029568010
Madison Medical Center	Date : 10/02/2017
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	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc. - Family Medical Practice	Provider Number : 029568012
	Date : 10/02/2017
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	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc. - Gadsden Medical Center	Provider Number : 029568013
Gadsden Medical Center	Date : 10/02/2017
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	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FL. Medical Center - Eastpoint Medical Center	Provider Number : 029568030
Eastpoint Medical Center	Date : 10/02/2017
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	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Downtown Ft Myers	Provider Number : 029570100
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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029570101 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Labelle	Provider Number : 029570101
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Bonita Springs	Provider Number : 029570102
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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- Fiscal Agent
- Contract Management
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- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - East Ft Myers	Provider Number : 029570103
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Leigh Acres	Provider Number : 029570105
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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029570106 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - North Ft Myers	Provider Number : 029570106
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570107 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570109 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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029570110 - 2017/10

State of Florida Office of 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 - Cape Coral	Provider Number : 029570110
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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029570111 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Family Health Centers of S.W. Florida - Broadway Dental	Provider Number : 029570111
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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029570112 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida Inc - Port Charlotte	Provider Number : 029570112
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029570115 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

029570117 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Tamiami Trail	Provider Number : 029570117
	Date : 10/02/2017
PO Box 1357	Fiscal Year End : N/A
Fort Myers, FL 339021357	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida
 South Fort Myers Medical Center
 PO Box 1588
 Fort Myers, FL 33902

Provider Number : 029570118
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570120 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth Centers of SW FL - Bonita Springs	Provider Number : 029570120
	Date : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570122 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029570125
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570127 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Kings Hwy #210	Provider Number : 029570127
	Date : 10/02/2017
PO Box 1357	Fiscal Year End : N/A
Fort Myers, FL 339021357	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029570129 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth Ctr of SW Florida-Hagie Dr	Provider Number : 029570129
	Date : 10/02/2017
P.O. Box 1357	Fiscal Year End : N/A
Fort Meyers, Fl 33902	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth Ctrs of SW FL-FGCU
 10501 FGCU Blvd South
 Fort Myers, Fl 33965

Provider Number : 029570131
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	110.47	111.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029572800 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

- Fiscal Agent
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029572801
	Date : 10/02/2017
810 West Mowry Street	Fiscal Year End : N/A
Homestead, FL 33030	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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029572804 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029572804
W. Perrine Health Ctr	Date : 10/02/2017
17623 Homestead Avenue	Fiscal Year End : N/A
Perrine, FL 33157	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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029572805 - 2017/10

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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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida- Everglades	Provider Number : 029572809
Everglades Health Ctr	Date : 10/02/2017
19200 SW 380th St	Fiscal Year End : N/A
Florida City, FL 33030	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572810 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comm Hlth of S. Florida-S Dade	Provider Number : 029572810
South Dade Health Center	Date : 10/02/2017
13600 SW 312th St	Fiscal Year End : N/A
Homestead, FL 33090	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Community Health of South Florida - Laura Saunders Elem	Provider Number : 029572815
	Date : 10/02/2017
10300 SW 216 Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Permanent File
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Homestead Senior High	Provider Number : 029572817
	Date : 10/02/2017
10300 SW 216 St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

029572819 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
10300 SW 216 St	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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029572821 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - CHI Doris Ison	Provider Number : 029572821
	Date : 10/02/2017
15790 SW 307 Street	Fiscal Year End : N/A
Homestead, FL 33035	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Marathon Health Center	Provider Number : 029572824
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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029572826 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Moton Elementary Sch	Provider Number : 029572826
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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029572827 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Campbell Drive Middle	Provider Number : 029572827
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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029572828 - 2017/10

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 of South Florida - Colonial Drive Elem	Provider Number : 029572828
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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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

029572829 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - H.A Ammons Middle	Provider Number : 029572829
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572830 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Bowman Ashe Doolin 6-8	Provider Number : 029572830
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572831 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - John A. Ferguson Senior	Provider Number : 029572831
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572832 - 2017/10

State of Florida Office of 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	Provider Number : 029572832
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572833 - 2017/10

State of Florida Office of 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	Provider Number : 029572833
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029572835 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Braddock Senior	Provider Number : 029572837
	Date : 10/02/2017
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Flagami Elem.	Provider Number : 029572852
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Avocado Elem.	Provider Number : 029572853
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Airbase Elem	Provider Number : 029572854
	Date : 10/02/2017
10300 SW 216 Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - FL City Elem	Provider Number : 029572855
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Homestead Middle	Provider Number : 029572856
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - McMillan Middle	Provider Number : 029572857
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Perrine Elem	Provider Number : 029572858
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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029572859 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S Florida - Redondo Elem	Provider Number : 029572859
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Royal Green Elem	Provider Number : 029572868
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S Florida - South Wood Middle	Provider Number : 029572870
	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029572875
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#656 / H56 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Community Health of South Florida	Provider Number : 029572876
West Homestead Elementary	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Community Health of South Florida	Provider Number : 029572890
Leisure City K-8 Center	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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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 : 029572895
West Kendall Health Center	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- 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

029572897 - 2017/10

State of Florida Office of 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 : 029572897
Coconut Grove Health Center	Date : 10/02/2017
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

029574400 - 2017/10

State of Florida Office of 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- Okeechobee	Provider Number : 029574400
	Date : 10/02/2017
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574402 - 2017/10

State of Florida Office of 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
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number : 029574402
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

029574403 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- Indiantown
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number : 029574403
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574404 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574406 - 2017/10

State of Florida Office of 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- Lakeshore Medical	Provider Number : 029574406
	Date : 10/02/2017
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach,, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574418 - 2017/10

State of Florida Office of 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
 4450 S. Tiffany Drive
 West Palm Beach, FL 33407

Provider Number : 029574418
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574420 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
4450 S. Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029574422 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Stuart	Provider Number : 029574422
	Date : 10/02/2017
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

029574424 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center	Provider Number : 029574424
Ft. Pierce OB	Date : 10/02/2017
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029574426 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 029574426
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

037527610 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Healthcare Group, Inc	Provider Number : 037527610
	Date : 10/02/2017
PO Box 232	Fiscal Year End : N/A
Dade City, FL 33526	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	147.54	149.31	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Center	Provider Number : 060551401
	Date : 10/02/2017
1720 S. Gadsden St.	Fiscal Year End : N/A
Tallahassee, FL 32314	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	116.38	117.78	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Distribution:

- Fiscal Agent
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- Permanent File
- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

060551402 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Comm Health Assoc-West Orange	Provider Number : 060551402
	Date : 10/02/2017
1720 S Gadsden St	Fiscal Year End : N/A
Tallahassee, FL 32310	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	116.38	117.78	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

060551404 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Center	Provider Number : 060551404
	Date : 10/02/2017
1720 S. Gadsden St.	Fiscal Year End : N/A
Tallahassee, FL 32310	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	116.38	117.78	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

060551405 - 2017/10

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

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

Provider Number : 060551405
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	116.38	117.78	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

060551408 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Specialty and Wellness Center	Provider Number : 060551408
	Date : 10/02/2017
1720 S. Gadsden Street	Fiscal Year End : N/A
Tallahassee, FL 323015506	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	116.38	117.78	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

060638308 - 2017/10

State of Florida Office of 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
 PO Box 10549
 St Petersburg, FL 337330549

Provider Number : 060638308
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.45	113.80	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

073194309 - 2017/10

State of Florida Office of 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.
 Central Florida Health Care Inc.
 1129 N. Missouri Ave
 Lakeland, FL 33805-4411

Provider Number : 073194309
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263706 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	112.62	113.97	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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<input type="checkbox"/> Average Nursing Home Rate																	
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<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263707 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
 Havana Elementary School
 438 West Brevard Street
 Tallahassee, FL 32301

Provider Number : 262263707
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.62	113.97	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
 Havana Heights PH Clinic
 438 West Brevard Street
 Tallahassee, FL 32301

Provider Number : 262263708
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.62	113.97	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263709 - 2017/10

State of Florida Office of 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
 Lincoln Center
 438 West Brevard Street
 Tallahassee, FL 32301

Provider Number : 262263709
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.62	113.97	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263710 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.62	113.97	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263711 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 262263711
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.62	113.97	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680002500 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Camillus Health Concern, Inc.	Provider Number : 680002500
	Date : 10/02/2017
336 N.W. Fifth Street	Fiscal Year End : N/A
Miami, FL 331281616	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

680002505 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Distribution:

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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

680002506 - 2017/10

State of Florida Office of 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
 Camillus House
 336 NW 5th Street
 Miami, FL 331281616

Provider Number : 680002506
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern
Better Way of Greater Miami
336 NW 5th Street
Miami, FL 331281616

Provider Number : 680002508
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern - 7th Ave
 336 NW 5th Street
 Miami, FL 331281616

Provider Number : 680002515
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

680005000 - 2017/10

State of Florida Office of 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	Provider Number : 680005000
Fellsmere	Date : 10/02/2017
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.83	144.54	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

680005001 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.83	144.54	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680005002 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
12196 County Rd. 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.83	144.54	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680005011 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
12196 CR 512	Fiscal Year End : N/A
Fellsmere, FL 32948	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.83	144.54	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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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

680005013 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Comm Hlth-21st Ave	Provider Number : 680005013
	Date : 10/02/2017
1955 21st Ave	Fiscal Year End : N/A
Vero Beach, Fl 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.83	144.54	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

680005015 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Comm Hlth-Sebastian	Provider Number : 680005015
	Date : 10/02/2017
13507 US Hwy 1	Fiscal Year End : N/A
Sebastian, FL 32958	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.83	144.54	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

680027100 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
2518 N State Rd. 7	Fiscal Year End : N/A
Hollywood, Fl 33021	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

680027102 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community FH - North Powerline Road	Provider Number : 680027102
	Date : 10/02/2017
168 North Powerline Road	Fiscal Year End : N/A
Pompano Beach, FL 33069	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

680027104 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health - West Park	Provider Number : 680027104
	Date : 10/02/2017
5010 Hollywood Blvd., Ste 100B	Fiscal Year End : N/A
Hollywood, FL 33021	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

680027106 - 2017/10

State of Florida Office of 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	Provider Number : 680027106
Central Broward Community Health Center	Date : 10/02/2017
5010 Hollywood Blvd, Ste 100B	Fiscal Year End : N/A
Hollywood, FL 330216557	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

680027108 - 2017/10

State of Florida Office of 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
 5010 Hollywood Blvd
 Hollywood, Fl 33021

Provider Number : 680027108
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	146.82	148.58	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural County Health Ser - Arcadia FHC	Provider Number : 680996100
	Date : 10/02/2017
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.33	125.82	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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681471900 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care-Dundee	Provider Number : 681471900
	Date : 10/02/2017
950 CR 17A West	Fiscal Year End : N/A
Avon Park, Fl 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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681969900 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc. - Eatonville Med/Dent Center	Provider Number : 681969900
	Date : 10/02/2017
P.O. Box 4099	Fiscal Year End : N/A
Apopka, Fl 32704	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	143.40	145.12	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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682960100 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center-Hoffner	Provider Number : 682960100
	Date : 10/02/2017
5449 South Semoran Blvd	Fiscal Year End : N/A
Orange, Fl 32822	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.67	114.02	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Tampa Community Health Center - Mobile Medical Center	Provider Number : 683710700
	Date : 10/02/2017
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	124.83	126.33	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Collier Health Services - Horizon PCC	Provider Number : 683955003
	Date : 10/02/2017
P.O. Box 12229	Fiscal Year End : N/A
Naples, FL 34101	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

683955005 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
P.O Box 12229	Fiscal Year End : N/A
Naples, FL 34101	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <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;">Collier</td> </tr> </tbody> </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		Collier	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <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> </tbody> </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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Distribution:

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

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Florida Agency for Health Care Administration

683955006 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
P. O. Box 12229	Fiscal Year End : N/A
Naples, FL 34101	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Not Selected	

Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services, Inc - Countryside Childrens Dental	Provider Number : 683955010
	Date : 10/02/2017
1454 Madison Avenue	Fiscal Year End : N/A
Imokalee, FL 33934	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services, Inc. - FSU Primary Care	Provider Number : 683955012
	Date : 10/02/2017
1454 Madison Avenue	Fiscal Year End : N/A
Imokalee, FL 33934	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services
UF Pediatric Dental Center
1454 Madison Ave W
Immokalee, FL 341422200

Provider Number : 683955014
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services	Provider Number : 683955017
Creekside Family Practice	Date : 10/02/2017
PO Box 12229	Fiscal Year End : N/A
Naples, FL 341012229	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services
Womens Care Naples
1454 Madison Ave
Immokalee, FL 341422200

Provider Number : 683955019
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

683955021 - 2017/10

State of Florida Office of 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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955023 - 2017/10

State of Florida Office of 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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

- Fiscal Agent
- Contract Management
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- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

683955024 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
5450 YMCA Rd #102	Fiscal Year End : N/A
Naples, FL 34109	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

683955027 - 2017/10

State of Florida Office of 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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

683955029 - 2017/10

State of Florida Office of 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
 1454 Madison Ave W
 Immokalee, FL 34142

Provider Number : 683955029
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955031 - 2017/10

State of Florida Office of 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- Naples
 6075 Bathey Lane
 Naples, FL 34116

Provider Number : 683955031
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

684660200 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- St. Lucie
 4450 South Tiffany Drive
 West Palm Beach, FL 32407

Provider Number : 684660200
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

684660202 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	123.95	125.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

684783800 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center, Inc. - Taylor Dental Center	Provider Number : 684783800
Taylor Dental Clinic	Date : 10/02/2017
409 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472309	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

686032000 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher Ctr for the Homeless	Provider Number : 686032000
	Date : 10/02/2017
611 E. Adams St	Fiscal Year End : N/A
Jacksonville, FL 32202	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Distribution:

- Fiscal Agent
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- Program Development:

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Florida Agency for Health Care Administration

686032002 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

686728600 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


St. Joseph Care of Florida - Garrison Ave	Provider Number : 686728600
	Date : 10/02/2017
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	105.13	106.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

686728602 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	105.13	106.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

686728604 - 2017/10

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

St. Joseph Care of Florida - Fourth Street	Provider Number : 686728604
	Date : 10/02/2017
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	105.13	106.39	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429100 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for Homeless - Westmoreland	Provider Number : 687429100
	Date : 10/02/2017
234 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

687429102 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for Homeless - Parramore	Provider Number : 687429102
	Date : 10/02/2017
234 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

687429104 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless	Provider Number : 687429104
	Date : 10/02/2017
232 N. Orange Blossom Trail	Fiscal Year End : N/A
32805, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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687429106 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless	Provider Number : 687429106
Orange Blossom Family Health Center	Date : 10/02/2017
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

687429108 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 687429108
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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687429110 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthcare Care Ctr for the Homeless	Provider Number : 687429110
Orange Blossom Family Hlth Ctr	Date : 10/02/2017
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 328051612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429112 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 687429112
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

687429114 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Ctr for the Homeless	Provider Number : 687429114
	Date : 10/02/2017
232 N Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805-1612	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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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

687429116 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless #16
 Orange Blossom Family Hlth Ctr
 232 N Orange Blossom Trail
 Orlando, Fl 32805


Provider Number : 687429116
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429118 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Ctr for the Homeless#18
 Orange Blossom Family Hlth Ctr
 232 N. Orange Blossom Trail
 Orlando, Fl 32805

Provider Number : 687429118
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429120 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless Inc
 Orange Blossom Family Health Center- Evans
 232 N. Orange Blossom Trail
 Orlando, FL 32805-1612

Provider Number : 687429120
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.94	141.62	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955100 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
PO Box 527	Fiscal Year End : N/A
Pierson, FL 32180	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

687955102 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 687955102
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
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<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955104 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services, Inc. - Deltona	Provider Number : 687955104
	Date : 10/02/2017
PO Box 527	Fiscal Year End : N/A
Pierson, FL 321800527	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

687955106 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services - Deland	Provider Number : 687955106
1015 N. Stone Street, Unit A	Date : 10/02/2017
Deland, FL 32720	Fiscal Year End : N/A
	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688412100 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pinellas County Board-Mobile Med Unit	Provider Number : 688412100
	Date : 10/02/2017
647 1st Ave. North	Fiscal Year End : N/A
St. Petersburg, FL 337013601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	112.44	113.79	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

688571300 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network	Provider Number : 688571300
	Date : 10/02/2017
4175 W. 20th Avenue	Fiscal Year End : N/A
Hialeah, FL 33012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.41	141.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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688571302 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network	Provider Number : 688571302
	Date : 10/02/2017
551 West 51st Street Place, Second Floor	Fiscal Year End : N/A
Hialeah, FL 330123601	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.41	141.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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688571306 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network, Inc.
 4175 West 20th Ave.
 Hialeah, FL 33012

Provider Number : 688571306
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.41	141.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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688571308 - 2017/10

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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, E. 3rd St
 4175 West 20th Ave.
 Hialeah, FL 33012

Provider Number : 688571308
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.41	141.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network-SW 26th St
 4175 W. 20th Ave
 Hialeah, Fl 33012

Provider Number : 688571310
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.41	141.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

688571314 - 2017/10

State of Florida Office of 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
4175 W 20th Ave
Hialeah, Fl 33012

Provider Number : 688571314
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	139.41	141.08	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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- Contract Management
- Permanent File
- Program Development:

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693100 - 2017/10

State of Florida Office of 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	Provider Number : 688693100
	Date : 10/02/2017
5270 Babcock St NE	Fiscal Year End : N/A
Palm Bay, FL 329054616	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.38	144.09	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693102 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	142.38	144.09	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

688693106 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
220 Barton Blvd, Unit C14	Fiscal Year End : N/A
Rockledge, FL 32955	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.38	144.09	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693108 - 2017/10

State of Florida Office of 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	Provider Number : 688693108
	Date : 10/02/2017
220 Barton Blvd, Unit C14	Fiscal Year End : N/A
Rockledge, FL 32955	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.38	144.09	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

688693112 - 2017/10

State of Florida Office of 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	Provider Number : 688693112
	Date : 10/02/2017
500 N. Washington Ave., Ste 105	Fiscal Year End : N/A
Titusville, FL 32796	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.38	144.09	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

688693114 - 2017/10

State of Florida Office of 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
	Date : 10/02/2017
775 Malabar Rd	Fiscal Year End : N/A
Malabar, FL 32950	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.38	144.09	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

688693119 - 2017/10

State of Florida Office of 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 - Sarno	Provider Number : 688693119
	Date : 10/02/2017
PO Box 1137	Fiscal Year End : N/A
Melbourne, FL 329021137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.38	144.09	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

688693121 - 2017/10

State of Florida Office of 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
 7227 North US Hwy 1
 Cocoa, Fl 32927

Provider Number : 688693121
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	142.38	144.09	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

689693600 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693603 - 2017/10

State of Florida Office of 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.
 Dental
 707 Jenks Ave., Suite A
 Panama City, FL 324012586

Provider Number : 689693603
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693604 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Santa Rosa Bch	Provider Number : 689693604
CHC - Walton County	Date : 10/02/2017
361 Greenway Trail	Fiscal Year End : N/A
Santa Rosa Beach, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693605 - 2017/10

State of Florida Office of 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
 431 Oak Ave.
 Panama City, FL 32401

Provider Number : 689693605
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693607 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Bristol	Provider Number : 689693607
	Date : 10/02/2017
431 Oak Ave	Fiscal Year End : N/A
Panama City, FL 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693609 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Blountstown
 431 Oak Ave
 Panama City, FL 32401

Provider Number : 689693609
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693611 - 2017/10

State of Florida Office of 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
 431 Oak Ave
 Panama City, FL 32401

Provider Number : 689693611
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
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#656 / H56 General Inpatient Care			
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- Fiscal Agent
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

689693612 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Chipley
 431 Oak Ave
 Panama City, FL 32401

Provider Number : 689693612
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693615 - 2017/10

State of Florida Office of 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
 403 11th St
 Panama City, Fl 32401

Provider Number : 689693615
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693617 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida-Wewahitchka	Provider Number : 689693617
	Date : 10/02/2017
403 E. 111th St	Fiscal Year End : N/A
Panama City, Fl 32401	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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- Program Development:

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693619 - 2017/10

State of Florida Office of 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
403 E. !!th St
Panama City, Fl 32401

Provider Number : 689693619
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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

689693621 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida-Panama City
4126 Independent Dr
Marianna, FL 32448

Provider Number : 689693621
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693623 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Youngstown	Provider Number : 689693623
	Date : 10/02/2017
12427 Highway 231	Fiscal Year End : N/A
Youngstown, FL 32466	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	124.34	125.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

690556100 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

690556105 - 2017/10

State of Florida Office of 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 : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	120.43	121.88	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center, Inc. - Bell Family Healthcare	Provider Number : 690595100
	Date : 10/02/2017
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	107.30	108.59	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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691835200 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - OB/GYN	Provider Number : 691835200
	Date : 10/02/2017
950 Co. Road 17A West	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

691835202 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Lakeland	Provider Number : 691835202
	Date : 10/02/2017
950 Co. Road 17A West	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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691835204 - 2017/10

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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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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691835206 - 2017/10

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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 : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	151.01	152.83	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

692957500 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Med. Ctr - Taylor Medical	Provider Number : 692957500
	Date : 10/02/2017
255 W. River Road	Fiscal Year End : N/A
Wewahitchka, FL 32465	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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#659 Room and Board			

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- Fiscal Agent
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- Program Development:

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692990700 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics	Provider Number : 692990700
	Date : 10/02/2017
2200 N. Palafox St	Fiscal Year End : N/A
Pensacola, FL 32514	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.
 Santa Rosa Community Clinic
 2200 North Palafox Street
 Pensacola, FL 32501

Provider Number : 692990702
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc	Provider Number : 692990704
	Date : 10/02/2017
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.	Provider Number : 692990705
Lanza Pediatrics	Date : 10/02/2017
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.	Provider Number : 692990706
Lakeview Medical Clinic	Date : 10/02/2017
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics
Urgent Care
2200 North Palafox Street
Pensacola, FL 325011723

Provider Number : 692990708
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics Inc	Provider Number : 692990710
First Steps Pediatrics	Date : 10/02/2017
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	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics	Provider Number : 692990714
	Date : 10/02/2017
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	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

692990716 - 2017/10

State of Florida Office of 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	Provider Number : 692990716
Waterfront Rescue Mission	Date : 10/02/2017
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32505	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

692990718 - 2017/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics
ECC Women's Health
14 W. Jordan Street
Pensacola, FL 32501

Provider Number : 692990718
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics
ECC at Cantonment Pediatrics
14 W Jordan Street
Pensacola, FL 32501

Provider Number : 692990721
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

692990722 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Escambia Community Clinics	Provider Number : 692990722
ECC at Weis Elem	Date : 10/02/2017
2701 N "Q" St	Fiscal Year End : N/A
Pensacola, Fl 32505	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

692990725 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Comm Clinics
ECC at Century Pediatrics
501 Church St
Century, Fl 32535

Provider Number : 692990725
Date : 10/02/2017
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
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#656 / H56 General Inpatient Care			
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

692990728 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

ECC Urgent Care
 14 W Jordan Street
 Pensacola, FL 32501

Provider Number : 692990728
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	130.83	132.40	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

693564800 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Med Ctr - Crestview Med Center	Provider Number : 693564800
	Date : 10/02/2017
535 John Knox Rd	Fiscal Year End : N/A
Tallahassee, FL 32303	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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693564804 - 2017/10

State of Florida Office of 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 : 10/02/2017
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	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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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- Wright Pkwy
 2804 Remington Green Cir Ste 2
 Tallahassee, FL 323081550

Provider Number : 693564806
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center-Land Rd	Provider Number : 693564808
	Date : 10/02/2017
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	108.14	109.44	10/01/2017
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers- Fort Walton
 2804 Remington Green Cir Ste 2
 Tallahassee, FL 323081550

Provider Number : 693564810
 Date : 10/02/2017
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	108.14	109.44	10/01/2017
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