

000640100 - 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

He	endry County Ho	spital Authority		Pro	ovider Number :	000640100						
He	ndry Regional C	Convenient Care Center		Da	ate: 09/28/2017							
45	0 S. Main Street	t, Suite 1		Fis	scal Year End : N/A							
La	belle, FL 33935			Au	dit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Date					
	Rural	Health Clinic			117.08	120.99	10/01/2017					
	Swing	-Bed Provider										
	Feder	ally Qualified Health Centers										
	Hospi	ce Provider										
	#6	51 / H51 Routine Home Care (1-60)										
	#6											
	#651a / H5L Routine Home Care (61 + #652 / H52 Continuous Home Care											
	#652a Continuous Home Care - SIA											
#655 / H55 Inpatient Respite Care												
	#6	56 / H56 General Inpatient Care										
	#6	59 Room and Board										
	Basis :		Rate	Тур	oe:							
ľ		Budget		Χ	Prospect	ive						
		Unaudited costs	'		Total Pro	spective						
		Desk audited costs	' <u>'</u>		Prospect	ive Adjusted for	New costs					
		Field audited costs	'									
		Medicare - Prospective			Interim							
	Χ	Payment System Rate			Total Inte	erim						
		Average Nursing Home Rate			Settleme	nt based on cost	s					
		Hendry										
	<u>Distribution</u>		V	W.Ry	rdell Samuel, Ad	ministrator #	~					
	Fiscal Agent		Medicaid Cost Reimbursement Analysis									
	Contract Management					•						
	Permanent File											
	Program Dev	elopment:										



000707900 - 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

Ad	ventist Health S	System		Pro	ovider N	Number :	000707900				
Fa	mily Practice Ce	enter of Avon Park		Da	te: 09/	28/2017					
10	06 W. Pleasant	Street		Fiscal Year End : N/A							
Αv	on Park, FL 33	8252966		Au	udit Status : N/A						
Pre	ovider Type:				Curre	nt Rate	New Rate	Effective Date			
	Rural	Health Clinic				79.81	82.48	10/01/2017			
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care									
	#6	52a Continuous Home Care - SIA									
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Тур	pe:						
ľ		Budget		Χ		Prospect	ive				
•		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
		Field audited costs									
		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
ľ		Average Nursing Home Rate				Settleme	nt based on cost	s			
•		Highlands									
	Distribution	<u>ı:</u>	\	۷.R۱	/dell Sa	amuel. Ad	ministrator #	,			
	Fiscal Agent		_				ursement Analys	sis			
	Contract Man	nagement					,				
	Permanent F	ile									
	Program Development:										



002351900 - 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

Liv	e Oak HMA, LL0	Oak HMA, LLC ods Live Oak RHC			ovider	Number :	002351900				
Sh	ands Live Oak R	HC		Da	ate: 09/28/2017						
14	26 Canyon Aven	ue, NE, Unit B		Fis	iscal Year End : N/A						
Liv	e Oak, FL 3206	4		Au	dit Sta	tus : N/A					
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic				134.34	138.83	10/01/2017			
	Swing-	-Bed Provider									
	Federa	ally Qualified Health Centers									
	Hospic	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)								
	#65	+)									
	#65										
	#65										
	#65										
	#65	56 / H56 General Inpatient Care									
	#659 Room and Board										
	Basis :		Rat	е Тур	oe :]					
		Budget		Χ		Prospect	ive				
•		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
•		Field audited costs				-					
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Suwannee				_					
	Distribution	<u>.</u>		W.R	vdell S	amuel. Ad	ministrator #	ζ			
	Fiscal Agent						ursement Analys	sis			
	Contract Mana	agement					and some street, and the				
	Permanent Fil	е									
	Program Deve	elopment:									



002352500 - 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

Sta	rke HMA, LLC ands Starke RHC			Prov	rovider Number : 002352500					
Sha	ands Starke RH	С		Date	e: 09/28/2017					
155	50 S. Water Stre	eet		Fisc	al Year End : N	I/A				
Sta	arke, FL 320914	1511		Aud	it Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			165.88	171.41	10/01/2017			
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)				1				
	#6)								
	#6	52 / H52 Continuous Home Care								
	#6	52a Continuous Home Care - SIA								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
[Basis :		Rate	Туре	e :					
٠		Budget		Χ	Prospect	ive				
-		Unaudited costs			Total Pro	spective				
-		Desk audited costs			Prospect	ive Adjusted for	New costs			
-		Field audited costs								
-		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	ts			
_		Bradford								
	Distribution			V.Rvo	dell Samuel, Ad	ministrator #	~			
	Fiscal Agent		_			oursement Analy				
	Contract Mana	agement								
	Permanent Fil	le								
	Program Deve	elopment:								



002954700 - 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

Ac	lventist Health S	ntist Health Systems- FL Hosp. Heartland Med C la Hospital Wauchula Pioneer Medical Center			Provider Number : 002954700						
Flo	orida Hospital W	ida Hospital Wauchula Pioneer Medical Center Carlton Street			Date : 09/28/2017						
51	5 Carlton Street			Fisc	al Year End : N	I/A					
W	auchula, FL 338	3733407		Aud	it Status : N/A						
Pr	ovider Type:			(Current Rate	New Rate	Effective Date				
	Rural	Health Clinic			113.22	117.00	10/01/2017				
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hospi	ice Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	-)								
	#6	52 / H52 Continuous Home Care									
	#6	52a Continuous Home Care - SIA									
	#6	555 / H55 Inpatient Respite Care									
	#6	556 / H56 General Inpatient Care									
	#659 Room and Board										
	Basis :		Rate	туре):						
		J Budget		X	—— Prospect	ive					
		Unaudited costs			Total Pro	spective					
		Desk audited costs			Prospect	ive Adjusted for	New costs				
		Field audited costs									
		Medicare - Prospective	-		Interim						
	Χ	Payment System Rate			Total Inte	erim					
		Average Nursing Home Rate			Settleme	nt based on cost	ts				
		— Hardee									
	Distribution	<u>ı:</u>		W.Rvo	lell Samuel, Ad	ministrator #	ζ				
	Fiscal Agent		_			ursement Analys	sis				
	Contract Mar	nagement	•			and some street, and the					
	Permanent F	ile									
	Program Dev	relopment:									



003227500 - 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

Ca	mpbellton-Grace	eville Hospital		F	rovide	r Number :	003227500						
Ca	mpbellton Grace	ville Hospital Physicans Office		С	Pate: 09/28/2017								
54	29 College Drive	, Suite B		F	iscal Y	scal Year End : N/A							
Gr	aceville, FL 324	40		Δ	udit St	atus : N/A							
Pr	ovider Type:				Cur	rent Rate	New Rate	Effective Date					
	Rural I	Health Clinic				80.35	83.03	10/01/2017					
	Swing	-Bed Provider											
	Federa	ally Qualified Health Centers											
	Hospic	ce Provider											
	#65	51 / H51 Routine Home Care (1-60)										
	#65	51a / H5L Routine Home Care (61	+)										
	#652 / H52 Continuous Home Care #652a Continuous Home Care - SIA												
	#655 / H55 Inpatient Respite Care												
	#656 / H56 General Inpatient Care												
	#65	59 Room and Board											
	Basis :		Ra	te Ty	ype :	7							
'		□ Budget		Х		 Prospect	ive						
,		Unaudited costs				Total Pro	spective						
•		Desk audited costs				Prospect	ive Adjusted for	New costs					
'		Field audited costs				_							
		Medicare - Prospective				Interim							
	X	Payment System Rate				Total Inte	erim						
		Average Nursing Home Rate				Settleme	nt based on cost	s					
		Jackson											
	Distribution		<u> </u>	W.F		Samuel, Ac	ministrator #	,					
	Fiscal Agent						oursement Analys	sis					
	Contract Mana	agement				-	y .						
	Permanent Fil	е											
	Program Deve	elonment:											



005955000 - 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

Са	Ihoun Liberty Ho	ospital Assoc.		Pro	vider Number :	005955000					
Са	Ihoun Liberty H	ospital Primary Care Clinic		Dat	Date: 09/28/2017						
20	370 NE Burns A	ve.		Fiscal Year End : N/A							
Blo	ountstown, FL 3	324241045		Audit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Date				
	Rural	Health Clinic			81.57	84.29	10/01/2017				
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care									
	#6	52a Continuous Home Care - SIA									
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Тур	e :						
'		Budget		Χ	Prospec	tive					
		Unaudited costs			Total Pro	ospective					
		Desk audited costs			Prospec	tive Adjusted for	New costs				
		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
		Average Nursing Home Rate			Settleme	ent based on cost	s				
		Calhoun									
	Distribution	<u>ı:</u>	V	V.Rv	dell Samuel, Ad	dministrator #	<u> </u>				
	Fiscal Agent		_			oursement Analys	sis				
	Contract Man	nagement	•								
	Permanent F	ile									
	Program Development:										



008004300 - 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 Di	iem Rate	es for N	on-Ins	<u>titutional</u>	<u>Providers</u>				
Sa	acred Heart Medi	cal Group on the Gulf		Р	rovider	Number :	008004300				
					Date: 09/28/2017						
55	Avenue E			Fi	iscal Ye	ear End : N	I/A				
Αp	palachicola, FL 3	23201763		А	udit Sta	atus : N/A					
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic				114.63	118.45	10/01/2017			
	Swing	-Bed Provider									
	Federa	Illy Qualified Health Centers									
	Hospid	ce Provider									
	#65	51 / H51 Routine Home Care (1-60))								
	#65	51a / H5L Routine Home Care (61	+)								
	#65	52 / H52 Continuous Home Care									
	#65										
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :			Rate Ty	pe:	7					
		Budget		Х		Prospect	ive				
		Unaudited costs				Total Pro	spective				
		Desk audited costs				Prospect	ive Adjusted for	New costs			
		Field audited costs				_					
		Medicare - Prospective				Interim					
	X	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Franklin									
	Distribution	<u>:</u>	1	W.F	Rydell S	Samuel, Ad	ministrator	~			
	Fiscal Agent						ursement Analys				
	Contract Mana	agement					,				
	Permanent Fil	е									
	Program Deve	elopment:									



010834300 - 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

Ва	ker County Medi		Prov	vider Number :	010834300					
Ва	ker Rural Health	Clinic		Date	Date: 09/28/2017					
15	9 N 3rd Street			Fiscal Year End : N/A						
Ма	acclenny, FL 320	0632103		Aud	it Status : N/A					
Pre	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			114.62	118.45	10/01/2017			
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6)								
	#6	52 / H52 Continuous Home Care								
	#6	52a Continuous Home Care - SIA								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rate	Туре	e :					
١		Budget	L	Χ	 Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
٠		Average Nursing Home Rate			Settleme	nt based on cost	S			
•		Baker								
	Distribution	<u></u>	V	V Rvo	dell Samuel, Ad	ministrator #				
	Fiscal Agent		_			oursement Analys				
	Contract Mana	agement								
	Permanent Fil	e								
	Program Deve	elopment:								



253668401 - 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

Не	ndry Family Car	re Ctr		Provi	ider Number :	253668401					
Fo	rbes Family Car	e Ctr		Date	: 09/28/2017						
500) West Sagamo	re Ave		Fisca	al Year End : I	N/A					
Cle	ewiston, FI 3344	40		Audit	Audit Status : N/A						
Pro	ovider Type:			С	urrent Rate	New Rate	Effective Date				
	Rural	Health Clinic				144.48	10/01/2017				
	Swing	-Bed Provider					ı				
	Federa	ally Qualified Health Centers									
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)					,				
	#6	51a / H5L Routine Home Care (61 +)									
	#6	52 / H52 Continuous Home Care									
	#6	52a Continuous Home Care - SIA									
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
ſ	Basis :	7	Rate	Туре	:						
٠		Budget		X	Prospec	tive					
-		Unaudited costs			Total Pro	ospective					
-		Desk audited costs			Prospec	tive Adjusted for	New costs				
-		Field audited costs									
-		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Int	erim					
•		Average Nursing Home Rate			Settleme	ent based on cost	s				
		Hendry			<u></u>						
	Distribution		W	V.Rvd	ell Samuel, A	dministrator #	,				
	Fiscal Agent		_			bursement Analys					
	Contract Man	agement									
	Permanent Fi	le									
	Program Deve	elopment:									



372384401 - 2017/10

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

Tallahassee, Florida 32308

Не	althmark of Walt	on		Pr	ovider	Number:	372384401	
				Da	ate : 09	9/28/2017		
44′	15 US Hwy 331			Fi	scal Y	ear End : N	N/A	
De	Funiak Springs,	FI 32435		Αι	udit Sta	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic					150.66	10/01/2017
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +)					
	#6	52 / H52 Continuous Home Care						
	#6	52a Continuous Home Care - SIA						
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rate	Ту	pe:	7		
ָ י		Budget		Χ		Prospect	tive	
-		Unaudited costs				Total Pro	ospective	
-		Desk audited costs				Prospect	tive Adjusted for	New costs
-		Field audited costs				_		
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	ent based on cost	rs
		Walton						
	Distribution	l. <u>:</u>		N.R	ydell S	Samuel, Ad	dministrator	~
	Fiscal Agent		_		•		oursement Analys	sis
	Contract Mana	agement					,	
	Permanent Fil	е						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



660005100 - 2017/10

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

Tallahassee, Florida 32308

Ch	Chipley RHC			Provider Number : 660005100						
				Date: 09/28/2017						
Р.(D. Box 918			Fiscal `	ıl Year End : N/A					
Ch	ipley, FI 32428			Audit S	tatus : N/A					
Pre	ovider Type:			Cui	rent Rate	New Rate	Effective Date			
	Rural	Health Clinic				107.48	10/01/2017			
	Swing	-Bed Provider				<u>'</u>				
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +))							
	#6	52 / H52 Continuous Home Care								
	#6	52a Continuous Home Care - SIA								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Type :						
•		Budget		X	Prospec	tive				
•		Unaudited costs			Total Pro	ospective				
•		Desk audited costs			Prospec	tive Adjusted for	New costs			
٠		Field audited costs								
•		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Int	erim				
		Average Nursing Home Rate			Settleme	ent based on cost	ts			
		Washington								
	Distribution	<u>. </u>	W	/.Rydell	Samuel, A	dministrator	~			
	Fiscal Agent		_			bursement Analys				
	Contract Man	agement				·				
	Permanent Fi	le								
	Program Dev	elopment:								
	For	information Only (No Change in rate)								



660037900 - 2017/10

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

Tallahassee, Florida 32308

Blo	ountstown Famil	y Practice		Provi	der Number :	660037900	
				Date	: 09/28/2017		
17	808 NE Charley	Johns St		Fisca	I Year End : N	I/A	
Blo	ountstown, FL 3	2424		Audit	Status : N/A		
Pr	ovider Type:			С	urrent Rate	New Rate	Effective Date
	Rural	Health Clinic			79.56	82.22	10/01/201
	Swing	-Bed Provider					
	Feder	ally Qualified Health Centers					
	Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +))				
	#6	52 / H52 Continuous Home Care					
	#6	52a Continuous Home Care - SIA					
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :	7	Rate	Туре	:		
		Budget		X	Prospect	ive	
		Unaudited costs	1		 Total Pro	spective	
		Desk audited costs	_		Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate	-		Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cos	ts
		Calhoun					
	Distribution		W	V.Ryde	ell Samuel, Ad	ministrator #	ζ
	Fiscal Agent Contract Management					ursement Analy	sis
						·	
	Permanent Fi	le					
	Program Dev	elopment:					
	For	information Only (No Change in rate)					



660037901 - 2017/10

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

Tallahassee, Florida 32308

Mo	onticello Family		Pro	vider	Number :	660037901					
				Dat	te : 09)/28/2017					
15	49. S. Jefferson	St		Fis	cal Ye	ear End : N	I/A				
Mo	onticello, FL 323	344		Audit Status : N/A							
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	Rural	Health Clinic				79.56	82.22	10/01/201			
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hospi	ce Provider									
	#6										
	#6	-)									
	#6	52 / H52 Continuous Home Care									
	#6	52a Continuous Home Care - SIA									
	#6	555 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Тур	e :	1					
		Budget		Χ		Prospecti	ive				
		Unaudited costs				Total Pro	spective				
		Desk audited costs				Prospecti	ive Adjusted for	New costs			
		Field audited costs				_					
		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cos	its			
		Jefferson									
	Distribution	l <u>1:</u>	V	V.Ry	dell S	amuel, Ad	ministrator a	 R			
	Fiscal Agent Contract Management		_				ursement Analy	/sis			
							,				
	Permanent F	ile									
	Program Dev	relopment:									
	For	information Only (No Change in rate)	ı								



660037902 - 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	n Rates for	Non-I	<u>nstitutional</u>	<u>Providers</u>					
Qι	ıincy Medical Gı	roup		Provid	ler Number :	660037902					
				Date :	09/28/2017						
17	8 LaSalle Dr			Fiscal	Year End : I	N/A					
Qι	uincy, FI 32351			Audit	Audit Status : N/A						
Pr	ovider Type:			Cı	ırrent Rate	New Rate	Effective Date				
	Rural	Health Clinic				82.21	10/01/2017				
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hospi	ice Provider									
	#6	551 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +)									
	#6	552 / H52 Continuous Home Care									
	#6	52a Continuous Home Care - SIA									
	#6	555 / H55 Inpatient Respite Care									
	#6	556 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate 1	Гуре :							
		Budget		<	— Prospec	tive					
		Unaudited costs			Total Pro	ospective					
		Desk audited costs			Prospec	tive Adjusted for	New costs				
		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate	•		Total Int	erim					
		Average Nursing Home Rate			Settleme	ent based on cost	ts				
		 Gadsden									
	Distribution		W	.Ryde	II Samuel, Ad	dministrator #	7				
	Fiscal Agent					bursement Analys					
	Contract Mar	nagement				,					
	Permanent F	ile									
	Program Dev	relopment:									
	For	information Only (No Change in rate)									



660037903 - 2017/10

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

Tallahassee, Florida 32308

Wakulla Family Medicine	Provider Number : 660037903								
		Date : 09	9/28/2017						
15 Council Moore Rd		Fiscal Year End : N/A							
Crawfordville, FI 32327	,	Audit Status : N/A							
Provider Type:		Curr	ent Rate	New Rate	Effective Date				
Rural Health Clinic				82.21	10/01/2017				
Swing-Bed Provider									
Federally Qualified Health Centers									
Hospice Provider									
#651 / H51 Routine Home Care (1-60)									
#651a / H5L Routine Home Care (61 +)									
#652 / H52 Continuous Home Care									
#652a Continuous Home Care - SIA									
#655 / H55 Inpatient Respite Care									
#656 / H56 General Inpatient Care									
#659 Room and Board									
Basis:	Rate T	ype :	7						
Budget	X		Prospec	tive					
Unaudited costs			Total Pro	ospective					
Desk audited costs			- Prospec	tive Adjusted for	New costs				
Field audited costs			_						
Medicare - Prospective			Interim						
X Payment System Rate			Total Int	erim					
Average Nursing Home Rate			Settleme	ent based on cost	s				
Wakulla			_						
<u>Distribution:</u>	W.	Rvdell S	Samuel. Ad	dministrator	,				
Fiscal Agent				oursement Analys					
Contract Management									
Permanent File									
Program Development:									
For information Only (No Change in rate)									



660049201 - 2017/10

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

Tallahassee, Florida 32308

Ga	Gateway Medical Clinic - Crestview			Pro	vider Number :	660049201					
				Dat	e: 09/28/2017						
12	7-C Redstone A	\ve	Fiscal Year End : N/A								
Cr	estview, FL 32	539		Audit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Dat				
	Rural	Health Clinic			80.54	83.23	10/01/201				
	Swin	g-Bed Provider									
	Fede	rally Qualified Health Centers									
	Hosp	ice Provider									
	#6	651 / H51 Routine Home Care (1-60)									
	#6	651a / H5L Routine Home Care (61 +	-)								
	#6	652 / H52 Continuous Home Care									
	#6	652a Continuous Home Care - SIA									
	#6	655 / H55 Inpatient Respite Care									
	#6	656 / H56 General Inpatient Care									
	#6	659 Room and Board									
	Basis :		Rate	Тур	e:						
		Budget		X	Prospect	tive					
		Unaudited costs			Total Pro	spective					
		Desk audited costs			Prospect	tive Adjusted for	New costs				
		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
		Average Nursing Home Rate			Settleme	ent based on cos	ts				
		Okaloosa									
	Distribution	l <u>n:</u>	W	V.Ry	dell Samuel, Ad	Iministrator #	?				
	Fiscal Agent Contract Management		_			oursement Analy	sis				
						,					
	Permanent F	File									
	Program Dev	velopment:									
	For	information Only (No Change in rate)									



660058100 - 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

N. Oka	loosa Medic	al Center		Pro	vider Number :	660058100					
				Dat	e: 09/28/2017						
1045 L	IS Hwy 331,	Ste D		Fisc	cal Year End : I	N/A					
DeFun	iak, FL 3243	35		Aud	Audit Status : N/A						
Provid	er Type:				Current Rate	New Rate	Effective Date				
	Rural I	lealth Clinic			80.54	83.23	10/01/2017				
	Swing-	-Bed Provider									
	Federa	ally Qualified Health Centers									
	Hospic	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)				·					
	#65	51a / H5L Routine Home Care (61 +)								
	#65	52 / H52 Continuous Home Care									
	#65	52a Continuous Home Care - SIA									
	#65	55 / H55 Inpatient Respite Care									
	#65	66 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :		Rate	Тур	e :						
		Budget	L	Χ	 Prospec	tive					
		Unaudited costs	•		Total Pro	ospective					
		Desk audited costs			Prospec	tive Adjusted for	New costs				
		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Int	erim					
		Average Nursing Home Rate			Settleme	ent based on cost	s				
		Walton									
<u>D</u>	istribution	<u> </u>	V	V.Rv	dell Samuel, A	dministrator #					
Fi	scal Agent		_			oursement Analys					
C	ontract Mana	agement									
Р	ermanent Fil	е									
P	rogram Deve	elopment:									



660074300 - 2017/10

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

Tallahassee, Florida 32308

Center for Family Health		Provider Number : 660074300								
				Dat	Date: 09/28/2017					
Ρ.0	O. Box 2177			Fiscal Year End : N/A						
Ard	cadia, Fl 34265			Audit Status : N/A						
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic				82.22	10/01/2017			
	Swing	g-Bed Provider								
	Feder	ally Qualified Health Centers								
	Hospi	ce Provider								
	#651 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +)							
	#6	52 / H52 Continuous Home Care								
	#6	52a Continuous Home Care - SIA								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Тур	e:					
'		Budget		Χ	Prospe	ctive				
,		Unaudited costs			Total P	rospective				
•		Desk audited costs			Prospe	ctive Adjusted for	New costs			
•		Field audited costs								
'		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total In	terim				
		Average Nursing Home Rate			Settlem	ent based on cost	ts			
		Desoto								
	Distribution	 <u>1:</u>	V	W.Rv	dell Samuel, A	dministrator #	<u> </u>			
	Fiscal Agent Contract Management		_			hbursement Analy				
	Permanent Fi	ile								
	Program Dev	elopment:								
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660083200 - 2017/10

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

Tallahassee, Florida 32308

Lake Butler Hospital RHC			Pr	ovider	Number :	660083200		
				Da	ate : 09	9/28/2017		
85	0 E Main St			Fis	scal Ye	ear End : N	N/A	
La	ke Butler, FL 32	2054		Αu	ıdit Sta	atus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic					163.36	10/01/2017
	Swing	-Bed Provider					·	,
	Feder	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	+)					
	#6	52 / H52 Continuous Home Care						
	#6	52a Continuous Home Care - SIA						
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rate	Туј	pe :	7		
		 Budget		Χ		⊐ Prospec	tive	
		Unaudited costs				– Total Pro	ospective	
		Desk audited costs				Prospec	tive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				_ Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	ent based on cost	ts
		Union				_		
	Distribution	<u></u>	<u> </u>	۷.R ^۰	ydell S	Samuel, Ad	dministrator #	2
	Fiscal Agent Contract Management		_				oursement Analys	sis
							,	
	Permanent Fi	le						
	Program Dev	elopment:						
	For	information Only (No Change in rate)	١					



660092100 - 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

		Modicala Rombarcomont For Bio	Jiii itatoo ioi	11011	montanoma	110114010				
Do	ctor's Memorial		Prov	ider Number	660092100					
Ste	einhatchee Fami	ly Center		Date	: 09/28/2017					
12	09 First Ave S.			Fiscal Year End : N/A						
Ste	einhatchee, FI 3	2359		Audi	t Status : N/A					
Pr	ovider Type:			C	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic				286.40	10/01/2017			
	Swing	-Bed Provider					1			
	Federa	ally Qualified Health Centers								
	Hospie	ce Provider								
	#6	51 / H51 Routine Home Care (1-60))			'				
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#6	52a Continuous Home Care - SIA								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Туре	:					
		Budget		Χ	Prospec	ctive				
•		Unaudited costs			Total Pr	ospective				
•		Desk audited costs			Prospec	tive Adjusted for	New costs			
		Field audited costs								
•		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Int	erim				
		Average Nursing Home Rate			Settleme	ent based on cost	is			
		Taylor								
	Distribution	<u>:</u>	Ι W	V.Rvd	ell Samuel, A	dministrator #	?			
	Fiscal Agent		_			bursement Analys	sis			
	Contract Mana	agement								
	Permanent Fil	le								
	Program Deve	elopment:								



660122700 - 2017/10

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

Tallahassee, Florida 32308

No	rthwest Florida	Community Hospital		Pro	vider Number :	660122700	
				Dat	e : 09/28/2017		
32	50 Main Street			Fisc	cal Year End : I	N/A	
Ve	rnon, FL 32462			Auc	lit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic				120.36	10/01/2017
	Swing	-Bed Provider					
	Feder	ally Qualified Health Centers					
	Hospi	ce Provider					
	#651 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +))				
	#6	52 / H52 Continuous Home Care					
	#6	52a Continuous Home Care - SIA					
		55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :	7	Rate	Тур	e :		
		Budget		Χ	Prospec	tive	
		Unaudited costs			Total Pr	ospective	
		Desk audited costs			Prospec	tive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Int	erim	
		Average Nursing Home Rate			Settleme	ent based on cost	ts
		Washington					
	Distribution	<u>ı:</u>	V	V.Ry	dell Samuel, A	dministrator #	~
	Fiscal Agent Contract Management		_			bursement Analys	sis
						,	
	Permanent Fi	le					
	Program Dev	elopment:					
	For	information Only (No Change in rate)					



660123500 - 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

Doctor's Memorial Family Medicine				Prov	ider Number :	660123500				
DN	1H Mayo Family	Medicine		Date	Date: 09/28/2017					
P.C	D. Box 228			Fiscal Year End : N/A						
Ма	yo, Fl 32066			Audit Status : N/A						
Pro	ovider Type:			C	Current Rate	New Rate	Effective Date			
	Rural	Health Clinic				158.80	10/01/2017			
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospie	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)				'				
	#6	51a / H5L Routine Home Care (61 +)							
	#6	52 / H52 Continuous Home Care								
	#6	52a Continuous Home Care - SIA								
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rate	Туре	:					
٠		Budget		Χ	Prospec	tive				
-		Unaudited costs			Total Pro	ospective				
-		Desk audited costs			Prospec	tive Adjusted for	New costs			
-		Field audited costs								
-		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Int	erim				
•		Average Nursing Home Rate			Settleme	ent based on cost	s			
_		Lafayette								
	Distribution			V.Rvd	ell Samuel, A	dministrator	,			
	Fiscal Agent		_			bursement Analys				
	Contract Mana	agement								
	Permanent Fil	le								
	Program Deve	elopment:								



660124300 - 2017/10

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

Tallahassee, Florida 32308

Do	Doctor's Memorial Family Practice			Pr	ovider	Number :	660124300	
				Da	ate : 09	9/28/2017		
170	02 S. Jefferson	St		Fis	scal Ye	ear End : I	N/A	
Pe	rry, FI 32348			Αu	ıdit Sta	atus : N/A		
Pro	vider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic					107.48	10/01/2017
	Swing	g-Bed Provider						
	Feder	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +	.)					
	#6	52 / H52 Continuous Home Care						
	#6	52a Continuous Home Care - SIA						
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rate	Тур	pe:]		
١		Budget		Χ		⊐ Prospec	tive	
-		Unaudited costs				Total Pro	ospective	
-		Desk audited costs				- Prospec	tive Adjusted for	New costs
-		Field audited costs				_		
-		Medicare - Prospective				_ Interim		
	Χ	Payment System Rate				Total Int	erim	
-		Average Nursing Home Rate				Settleme	ent based on cost	ts
		Taylor				_		
	Distribution	<u> </u> <u>1:</u>		N.R [,]	vdell S	Samuel, Ad	dministrator #	ζ
	Fiscal Agent Contract Management		_				oursement Analys	sis
							ĺ	
	Permanent F	ile						
	Program Dev	relopment:						
	For	information Only (No Change in rate)						



660137500 - 2017/10

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

Tallahassee, Florida 32308

Nature Coast Family Health Services				Provider Number : 660137500					
				Date	e: 09/28/2017				
125 S.W. 7th Street Williston, FL 32696				Fiscal Year End : N/A					
Wi	lliston, FL 3269	96		Audit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural	Health Clinic			117.44	121.36	10/01/201		
	Swing	g-Bed Provider							
	Feder	ally Qualified Health Centers							
Hospice Provider									
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 -	+)						
	#6	52 / H52 Continuous Home Care							
	#6	52a Continuous Home Care - SIA							
	#6	555 / H55 Inpatient Respite Care							
	#6	556 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate	Туре	e :				
		Budget		X	 Prospect	ive			
-		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
•		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Interim				
		Average Nursing Home Rate			Settleme	nt based on cos	ts		
		Collier							
	Distribution	<u>ı:</u>	Ι	V.Ryo	dell Samuel, Ad	Iministrator #	ζ		
	Fiscal Agent	_	Medicaid Cost Reimbursement Analysis						
	Contract Mar	nagement				·			
	Permanent F	ile							
	Program Dev	relopment:							
	For	information Only (No Change in rate))						