



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry County Hospital Authority
 Hendry Regional Convenient Care Center
 450 S. Main Street, Suite 1
 Labelle, FL 33935

Provider Number : 000640100
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	120.99	122.68	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - 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

000707900 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health System
 Family Practice Center of Avon Park
 1006 W. Pleasant Street
 Avon Park, FL 338252966

Provider Number : 000707900
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.48	83.63	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
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

002351900 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Live Oak HMA, LLC
 Shands Live Oak RHC
 1426 Canyon Avenue, NE, Unit B
 Live Oak, FL 32064

Provider Number : 002351900
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	138.83	140.77	10/01/2018
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			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Starke HMA, LLC
Shands Starke RHC
1550 S. Water Street
Starke, FL 320914511

Provider Number : 002352500
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	171.41	173.81	10/01/2018
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			
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Florida Agency for Health Care Administration

002954700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health Systems- FL Hosp. Heartland Med Ctr	Provider Number : 002954700
Florida Hospital Wauchula Pioneer Medical Center	Date : 09/26/2018
515 Carlton Street	Fiscal Year End : N/A
Wauchula, FL 338733407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	117.00	118.64	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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003227500 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Campbellton-Graceville Hospital	Provider Number : 003227500
Campbellton Graceville Hospital Physicans Office	Date : 09/26/2018
5429 College Drive, Suite B	Fiscal Year End : N/A
Graceville, FL 32440	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	83.03	84.19	10/01/2018
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			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Calhoun Liberty Hospital Assoc.
 Calhoun Liberty Hospital Primary Care Clinic
 20370 NE Burns Ave.
 Blountstown, FL 324241045

Provider Number : 005955000
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	84.29	85.47	10/01/2018
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			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008004300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sacred Heart Medical Group on the Gulf	Provider Number : 008004300
	Date : 09/26/2018
55 Avenue E	Fiscal Year End : N/A
Apalachicola, FL 323201763	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	118.45	120.11	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - 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

Baker County Medical Services	Provider Number : 010834300
Baker Rural Health Clinic	Date : 09/26/2018
159 N 3rd Street	Fiscal Year End : N/A
Macclenny, FL 320632103	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	118.45	120.10	10/01/2018
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			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry Family Care Ctr	Provider Number : 253668401
Forbes Family Care Ctr	Date : 09/26/2018
500 West Sagamore Ave	Fiscal Year End : N/A
Clewiston, FL 33440	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	144.48	146.51	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Healthmark of Walton	Provider Number : 372384401
	Date : 09/26/2018
4415 US Hwy 331	Fiscal Year End : N/A
DeFuniak Springs, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	150.66	152.77	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Chipley RHC
 P.O. Box 918
 Chipley, FL 32428

Provider Number : 660005100
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	107.48	108.98	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
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

660037900 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Blountstown Family Practice	Provider Number : 660037900
	Date : 09/26/2018
17808 NE Charley Johns St	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.22	83.37	10/01/2018
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			
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Florida Agency for Health Care Administration

660037901 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Monticello Family Medicine	Provider Number : 660037901
	Date : 09/26/2018
1549. S. Jefferson St	Fiscal Year End : N/A
Monticello, FL 32344	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.22	83.37	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - 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



Florida Agency for Health Care Administration

660037902 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Quincy Medical Group
 178 LaSalle Dr
 Quincy, FL 32351

Provider Number : 660037902
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.21	83.37	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
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

660037903 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wakulla Family Medicine
15 Council Moore Rd
Crawfordville, Fl 32327

Provider Number : 660037903
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.21	83.37	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660049201 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gateway Medical Clinic - Crestview	Provider Number : 660049201
	Date : 09/26/2018
127-C Redstone Ave	Fiscal Year End : N/A
Crestview, FL 32539	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	83.23	84.40	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660058100 - 2018/10

State of Florida Office of 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. Okaloosa Medical Center
 1045 US Hwy 331, Ste D
 DeFuniak, FL 32435

Provider Number : 660058100
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	83.23	84.40	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660074300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family Health
 P.O. Box 2177
 Arcadia, Fl 34265

Provider Number : 660074300
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	82.22	83.38	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Butler Hospital RHC
 850 E Main St
 Lake Butler, FL 32054

Provider Number : 660083200
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	163.36	165.65	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Hospital	Provider Number : 660092100
Steinhatchee Family Center	Date : 09/26/2018
1209 First Ave S.	Fiscal Year End : N/A
Steinhatchee, Fl 32359	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	286.40	290.41	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

660122700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northwest Florida Community Hospital	Provider Number : 660122700
	Date : 09/26/2018
3250 Main Street	Fiscal Year End : N/A
Vernon, FL 32462	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	120.36	122.05	10/01/2018
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			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Medicine	Provider Number : 660123500
DMH Mayo Family Medicine	Date : 09/26/2018
P.O. Box 228	Fiscal Year End : N/A
Mayo, Fl 32066	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	158.80	161.02	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Practice	Provider Number : 660124300
	Date : 09/26/2018
1702 S. Jefferson St	Fiscal Year End : N/A
Perry, FL 32348	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	107.48	108.98	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660137500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Family Health Services
 125 S.W. 7th Street
 Williston, FL 32696

Provider Number : 660137500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	121.36	123.05	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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