

000640100 - 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

Hendry County Hospital Authority	ovider Number : 000640100					
Hendry Regional Convenient Care Center	ate : 09/26/2018					
450 S. Main Street, Suite 1	Fis	Fiscal Year End : N/A				
Labelle, FL 33935	Au	dit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic		120 99	122 68	10/01/2018		

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			

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

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

 $W. Rydell \ Samuel, \ Administrator$

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Medicaid Cost Reimbursement Analysis



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

Ac	lventist Health S	ystem		Pr	ovider	Number :	000707900		
Fa	Family Practice Center of Avon Park Dat			ate : 09	ite : 09/26/2018				
10	1006 W. Pleasant Street Fisc					ear End : N	I/A		
Αv	on Park, FL 338		Αu	ıdit Sta	itus : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic				82.48	83.63	10/01/2018	
	Swing	-Bed Provider						ı	
	Feder	ally Qualified Health Centers							
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)					ı	
	#6	51a / H5L Routine Home Care (61	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	e - SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :	7	Rate	тур	pe:]			
		 Budget		Χ		ם 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	
		— Highlands				-			
	Distribution	<u></u>	<u> </u>	۷.R ^۰	ydell S	amuel, Ad	ministrator #	?	
	Fiscal Agent		_				ursement Analys	sis	
	Contract Man	agement					,		
	Permanent Fi	le							
	Program Dev	elopment:							



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

		Modicard Rollingarcomone 1 of Bre	Jiii itatoo io		Jii iiiotitatioiii	<u> </u>	<u>I O VI I O I O</u>		
Live Oak HMA, LLC Shands Live Oak RHC				Provider Number: 002351900					
				Da	ate: 09/26/2018				
14	26 Canyon Aver	nue, NE, Unit B		Fis	scal Year End	: N/	A		
Liv	e Oak, FL 3206	84		Au	ıdit Status : N/	Α			
Pr	ovider Type:				Current Rate	e	New Rate	Effective Date	
	Rural	Health Clinic			138.	83	140.77	10/01/2018	
	Swing	-Bed Provider							
	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							
	#0	551 / 0561 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:				
		Budget		Χ	Prospe	ectiv	re		
		Unaudited costs			Total F	Pros	pective		
		Desk audited costs			Prospe	ectiv	e Adjusted for I	New costs	
		Field audited costs							
		Medicare - Prospective			Interim	1			
	Χ	Payment System Rate			Total I	nteri	im		
		Average Nursing Home Rate			Settler	nen	t based on cost	s	
		Suwannee							
	Distribution	<u>ı:</u>	<u> </u>	۷.R	ydell Samuel,	Adn	ninistrator #	•	
	Fiscal Agent		_				rsement Analys	sis	
	Contract Man	agement					,		
	Permanent Fi	le							
	Program Deve	elopment:							



002352500 - 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

Starke HMA, LLC				Provider Number: 002352500						
Sh	Shands Starke RHC			Date	ate: 09/26/2018					
15	50 S. Water Stre	et	Fisc	al Year End : N	I/A					
Sta	arke, FL 320914	511		Aud	it Status : N/A					
Pr	ovider Type:			(Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			171.41	173.81	10/01/2018			
	Swing	-Bed Provider								
	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								
	#0	551 / 0561 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	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			
•		Bradford								
	Distribution	<u> </u>	W	V.Rvc	lell Samuel, Ac	Iministrator #	?			
	Fiscal Agent					oursement Analys				
	Contract Mana	agement								
	Permanent Fil	e								
	Program Deve	elopment:								



Permanent File

Program Development:

_ For information Only (No Change in rate)

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

Adventist Health S	Systems- FL Hosp. Heartland Med Ctr		Provider Number: 002954700					
Florida Hospital W	Vauchula Pioneer Medical Center	ate: 09/26/2018						
515 Carlton Stree	t	scal Year End :	N/A					
Vauchula, FL 33	8733407	Αu	ıdit Status : N/A					
Provider Type:				Current Rate	New Rate	Effective Da		
Rura	Health Clinic			117.0	0 118.64	10/01/20		
Swin	g-Bed Provider							
Fede	rally Qualified Health Centers							
Hosp	ice Provider							
#(651 / H51 Routine Home Care (1-60)							
#6	651a / H5L Routine Home Care (61 +)						
#(652 / H52 Continuous Home Care							
#(0551 / 0561 Continuous Home Care	- SIA						
#(655 / H55 Inpatient Respite Care							
#6	656 / H56 General Inpatient Care							
#6	659 Room and Board							
Basis :		Rate	Ту	pe:				
	Budget		Χ	Prospec	ctive			
	Unaudited costs			Total Pr	ospective			
	Desk audited costs			Prospec	ctive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total In	terim			
	Average Nursing Home Rate			Settlem	ent based on cost	ts		
	Hardee							
Distributio	<u> </u> <u>n:</u>	V	۷.R ^۰	ydell Samuel, A	dministrator	7		
Fiscal Agent		_			bursement Analys			
Contract Mai	nagement							



003227500 - 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

Campbellton-Grace		Provider Number: 003227500						
Campbellton Grace		Date: 09/26/2018						
5429 College Drive, Suite B			Fiscal Year End : N/A					
Graceville, FL 324	Graceville, FL 32440			atus : N/A				
Provider Type:			Cur	rent Rate	New Rate	Effective Date		
Rural I	Health Clinic			83.03	84.19	10/01/2018		
Swing	Bed Provider							
Federa	Illy Qualified Health Centers							
Hospic	e Provider							
#65	51 / H51 Routine Home Care (1-60)							
#65	51a / H5L Routine Home Care (61 -	+)						
#65	52 / H52 Continuous Home Care							
#05	551 / 0561 Continuous Home Care	- SIA						
#65	55 / H55 Inpatient Respite Care							
#65	66 / H56 General Inpatient Care							
#65	9 Room and Board							
Basis:		Rate	Гуре :	7				
	Budget	>	<	⊐ Prospect	ive			
			Total Pro	spective				
			Prospect	ive Adjusted for	New costs			
	Medicare - Prospective		Interim					

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

Payment System Rate

Average Nursing Home Rate

Jackson

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 $W. Ry dell \ Samuel, \ Administrator$

Medicaid Cost Reimbursement Analysis

Total Interim

Settlement based on costs



005955000 - 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

Ca	alhoun Liberty Ho	ospital Assoc.		Pro	ovider	Number :	005955000			
				ate: 09/26/2018						
	, ,					scal Year End : N/A				
Blountstown, FL 324241045						atus : N/A	,,,			
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
-		Health Clinic			Guire	84.29				
		-Bed Provider				00	00	10/01/2010		
		ally Qualified Health Centers								
		ce Provider								
		51 / H51 Routine Home Care (1-60))							
	#6	51a / H5L Routine Home Care (61	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	e - SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rate	тур	pe:	1				
		 Budget		Х		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 cos	ts		
		Calhoun								
	Distribution	<u></u>	1	۷.R	vdell S	amuel. Ad	ministrator #	ζ		
	Fiscal Agent		_				ursement Analy	sis		
	Contract Man	agement				-	-			
	Permanent Fi	le								
	Program Dev	elopment:								



008004300 - 2018/10

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

Tallahassee, Florida 32308

Sacred Heart Medical Group on the Gulf			F	Provider Number: 008004300					
Date					Date :	09/26/2018			
55	Avenue E			F	iscal	Year End : N	I/A		
Apalachicola, FL 323201763					Audit S	Status : N/A			
Pr	ovider Type:				Cu	rrent Rate	New Rate	Effective Date	
	Rural	Health Clinic				118.45	120.1	1 10/01/2018	
	Swing	-Bed Provider						·	
	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							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rat	e T	ype :				
		 Budget		X		 Prospect	ive		
		Unaudited costs				— Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs				<u> </u>			
		Medicare - Prospective				 Interim			
	Χ	Payment System Rate	-			Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cos	its	
		 Franklin							
	Distribution	<u></u>		W.	Rydel	l Samuel, Ad	ministrator M	 R	
	Fiscal Agent						oursement Analy	rsis	
	Contract Man	agement					·		
	Permanent Fi	le							
	Program Deve	elopment:							
	For	information Only (No Change in rate)	١						



010834300 - 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

		Modrodia Rombarcomoner of Bre	om racoc	, 101 110	<u> </u>	intationa i	TO VIGOTO			
Ва	ker County Medi	cal Services		Pro	Provider Number : 010834300					
Ва	ker Rural Health	Clinic		Da	te: 09	/26/2018				
15	9 N 3rd Street			Fis	cal Ye	ar End : N	I/A			
Ma	acclenny, FL 320	0632103		Au	dit Sta	itus : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic				118.45	120.10	10/01/2018		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#65	51 / H51 Routine Home Care (1-60))							
	#6	51a / H5L Routine Home Care (61	+)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :		R	ate Typ	oe :]				
		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		
•		Baker				_				
	Distribution	<u>:</u>		W.R\	/dell S	amuel. Ad	ministrator #	~		
	Fiscal Agent						ursement Analy	sis		
	Contract Mana	agement					,			
	Permanent Fil	е								
	Program Development:									



253668401 - 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

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Нє	endry Family Car	e Ctr		Pr	ovider	Number :	253668401	
Fo	rbes Family Car	e Ctr		Da	ate : 09	9/26/2018		
50	0 West Sagamo	re Ave		Fis	scal Ye	ear End : N	I/A	
Cl	ewiston, FI 3344	10		Αu	ıdit Sta	atus : N/A		
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				144.48	146.51	10/01/2018
	Swing	-Bed Provider					1	
	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						
	#0	551 / 0561 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:]		
		Budget		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	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Hendry						
	Distribution		\	۷.R ^۰	vdell S	Samuel, Ad	ministrator #	~
	Fiscal Agent		_				oursement Analy	sis
	Contract Man	agement						
	Permanent Fi	le						
	Program Dev	elopment:						



372384401 - 2018/10

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

Tallahassee, Florida 32308

He	althmark of Walt			Pro	ovider	Number :	372384401		
					Da	te : 0	9/26/2018		
44	15 US Hwy 331				Fis	cal Y	ear End : N	I/A	
De	Funiak Springs,	FI 32435			Au	dit St	atus : N/A		
Pr	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic					150.66	152.77	10/01/2018
	Swing-	Bed Provider							·
	Federa	Ily Qualified Health Centers							
	Hospic	ce Provider							
	#65	51 / H51 Routine Home Care (1-60))						·
	#65	+)							
	#65								
	#05	551 / 0561 Continuous Home Care	- SIA	4					
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :	7	Г	Rate	тур	 эе :	7		
		⊒ Budget	╽		Х		⊐ Prospecti	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 cos	ts
		Walton	_				_		
	Distribution	<u>:</u>	<u> </u>	V	N.Ry	/dell S	Samuel, Ad	ministrator W	
	Fiscal Agent			<u> </u>	Medi	caid (Cost Reimb	ursement Analy	rsis
	Contract Mana	agement						·	
	Permanent File	e							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)						



660005100 - 2018/10

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

Tallahassee, Florida 32308

Ch	Chipley RHC			Pr	Provider Number : 660005100				
				Da	ate : 09	9/26/2018			
P.C	D. Box 918			Fis	scal Ye	ear End : N	I/A		
Ch	ipley, FI 32428			Αι	udit Sta	itus : N/A			
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic				107.48	108.98	10/01/2018	
	Swing	-Bed Provider					,		
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)					,		
	#6	-)							
	#6								
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6								
	#6	59 Room and Board							
ſ	Basis :		Rate	Ту	pe :]			
ן נ		 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	s	
•		Washington				-			
	Distribution			V.R	vdell S	amuel. Ad	ministrator	<u> </u>	
	Fiscal Agent		_				ursement Analys		
	Contract Mana	agement							
	Permanent Fil	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate)							



660037900 - 2018/10

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

Tallahassee, Florida 32308

Blo	ountstown Family	/ Practice		Pro	ovider	Number :	660037900	
				Da	te : 09	9/26/2018		
17	808 NE Charley	Johns St		Fis	cal Y	ear End : N	I/A	
Blo	ountstown, FL 3	2424		Au	dit Sta	atus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				82.22	83.37	10/01/2018
	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						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rate	Тур	oe :	7		
		 Budget		Х		⊐ Prospecti	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 cos	its
		Calhoun				_		
	Distribution	<u> </u>	V	V.Rv	dell S	Samuel, Ad	ministrator T	 R
	Fiscal Agent		_				ursement Analy	/sis
	Contract Mana	agement					•	
	Permanent Fil	le						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate))					



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

Мс	onticello Family N	Medicine		Provider Number : 660037901					
				Date	e: 09/26/2018				
15	49. S. Jefferson	St		Fisc	al Year End : N	I/A			
Мс	onticello, FL 323	44		Aud	it Status : N/A				
Pre	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural	Health Clinic			82.22	83.37	10/01/2018		
	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							
	#0:	551 / 0561 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 :				
•		Budget		Χ	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
•		Field audited costs							
٠		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
•		Average Nursing Home Rate			Settleme	nt based on cost	ts		
•		Jefferson							
	Distribution	<u> </u>	V	V.Rvc	dell Samuel, Ac	Iministrator #			
	Fiscal Agent		_			oursement Analys			
	Contract Mana	agement							
	Permanent Fil	le							
	Program Deve	elopment:							



660037902 - 2018/10

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

Tallahassee, Florida 32308

Qι	uincy Medical Gro	ncy Medical Group				Number :	660037902	
				Dat	te:09/	26/2018		
17	8 LaSalle Dr			Fisc	cal Yea	ar End : N	I/A	
Qι	uincy, FI 32351			Aud	dit Stat	us : N/A		
Pr	ovider Type:				Curre	nt Rate	New Rate	Effective Date
	Rural I	Health Clinic				82.21	83.3	7 10/01/2018
	Swing-	Bed Provider						'
	Federa	Ily Qualified Health Centers						
	Hospid	e Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	1a / H5L Routine Home Care (61 +	-)					
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care	- SIA					
	#65	55 / H55 Inpatient Respite Care						
	#65	66 / H56 General Inpatient Care						
	#65	9 Room and Board						
	Basis :]	Rate	Тур	e :			
		Budget		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	
		Average Nursing Home Rate				Settleme	nt based on cos	sts
		Gadsden						
	Distribution	<u> </u>		V.Rv	dell Sa	ımuel, Ad	ministrator a	 R
	Fiscal Agent		_				oursement Analy	/sis
	Contract Mana	agement					•	
	Permanent File	е						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



660037903 - 2018/10

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

Tallahassee, Florida 32308

Wa	akulla Family Me	lla Family Medicine		Pro	ovider	Number :	660037903	
				Da	te : 09	9/26/2018		
15	Council Moore	Rd		Fis	cal Ye	ear End : N	I/A	
Cr	awfordville, Fl 3	32327		Au	dit Sta	atus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Dat
	Rural	Health Clinic				82.21	83.37	10/01/201
	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						
	#0	551 / 0561 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 :	7		
		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 cos	ts
		Wakulla				_		
	Distribution	l <u>1:</u>	V	۷.R	dell S	Samuel, Ad	ministrator #	 Z
	Fiscal Agent						oursement Analy	sis
Contract Management							,	
	Permanent F	ile						
	Program Dev	relopment:						
	For	information Only (No Change in rate)						



660049201 - 2018/10

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

Tallahassee, Florida 32308

Ga	teway Medical (Clinic - Crestview		Pro	vider	Number :	660049201	
				Dat	te : 0	9/26/2018		
12	7-C Redstone A	ve		Fis	cal Y	ear End : N	I/A	
Cr	estview, FL 325	539		Aud	dit Sta	atus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				83.23	84.40	10/01/2018
	Swing	_J -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 +						
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 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 :	1		
		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 cos	sts
		Okaloosa				_		
	Distribution	<u>ı:</u>	V	V.Ry	dell S	Samuel, Ad	ministrator d	
	Fiscal Agent		_				ursement Analy	vsis
	Contract Man	agement					•	
	Permanent F	ile						
	Program Dev	elopment:						
	For	information Only (No Change in rate)						



660058100 - 2018/10

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

Tallahassee, Florida 32308

NI	Okaloosa Medic	al Contar	· · · · · · · · · · · · · · · · · · ·	Dr.	ovider Number :	660058100			
IN.	Okaloosa Medic	ai Centei			ate: 09/26/2018	000030100			
10	45 US Hwy 331,	Sto D				Ι/Λ			
	Funiak, FL 3243				iscal Year End : N/A udit Status : N/A Current Rate New Rate Effective D				
De	i uillak, i E 3240			Au	dit Status . N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic			83.23	84.40	10/01/2018		
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospic	e Provider							
	#65	51 / H51 Routine Home Care (1-60)							
	#65	51a / H5L Routine Home Care (61 +	-)						
	#65	52 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care	- SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :	7		Rate Ty	ne :				
	D u313 .	_ Budget		X	Prospect	ive			
		Unaudited costs			Total Pro				
		Desk audited costs				ive Adjusted for	New costs		
		Field audited costs				.vo / lajaoloa loi			
		Medicare - Prospective			 Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate				nt based on cost	's		
		_ Walton				2000 011 000			
		rrano							
	Distribution			W.R	ydell Samuel, Ad	Iministrator	,		
	Fiscal Agent			Medi	caid Cost Reimb	oursement Analys	sis		
	Contract Mana	agement				·			
	Permanent Fil	e							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)							



660074300 - 2018/10

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

Tallahassee, Florida 32308

Се	Center for Family Health			Provider Number : 660074300				
				Da	ate : 09	9/26/2018		
P.C	D. Box 2177			Fis	scal Ye	ear End : N	I/A	
Arc	cadia, Fl 34265			Αι	udit Sta	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				82.22	83.38	10/01/2018
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	+)						
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6							
	#6	59 Room and Board						
	Basis :		Rate	Ту	pe :	1		
ן נ		 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
-		 Desoto				_		
	Distribution			V.R	vdell S	Samuel, Ad	ministrator #	ζ
	Fiscal Agent		_				ursement Analy	
Contract Management						,		
	Permanent Fi	le						
	Program Deve	elopment:						
	For i	information Only (No Change in rate)						



660083200 - 2018/10

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

Tallahassee, Florida 32308

La	ke Butler Hospita	I RHC			Pro	vider	Number :	660083200	
					Dat	e: 09	/26/2018		
85	0 E Main St				Fisc	cal Ye	ar End : N	I/A	
La	ke Butler, FL 320	054			Aud	dit Sta	tus : N/A		
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural F	lealth Clinic					163.36	165.65	10/01/2018
	Swing-	Bed Provider						,	'
	Federa	lly Qualified Health Centers							
	Hospic	e Provider							
	#65	1 / H51 Routine Home Care (1-60)							
	#65	+)							
	#65								
	#05	#0551 / 0561 Continuous Home Care							
	#65	5 / H55 Inpatient Respite Care							
	#65	6 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :]	F	Rate	Тур	e :]		
,		Budget			X		Prospecti	ive	
,		Unaudited costs					Total Pro	spective	
•		Desk audited costs					Prospecti	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 cos	ts
		Union							
	<u>Distribution:</u>			V	V.Ry	dell Sa	amuel, Ad	ministrator #	Z.
	Fiscal Agent			_				ursement Analy	sis
	Contract Mana	gement						·	
	Permanent File	Э							
	Program Deve	lopment:							
	For ir	nformation Only (No Change in rate))						



660092100 - 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

Doctor's M	/lemorial	Hospital		Prov	vider N	lumber :	660092100			
Steinhatchee Family Center				Provider Number : 660092100 Date : 09/26/2018						
1209 First Ave S.					Fiscal Year End : N/A					
Steinhatchee, FI 32359					Audit Status : N/A					
Provider ⁻	Туре:				Current Rate		New Rate	Effective Date		
	Rural	Health Clinic				286.40	290.41	10/01/2018		
	Swing	-Bed Provider								
	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								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
Ва	asis :		Rate	Туре	e :					
		Budget		X		Prospect	ive			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs								
<u> </u>		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Taylor								
Dist	ribution	<u>.</u> :	V	V.Ryo	dell Sa	muel, Ad	ministrator #	ζ		
Fiscal Agent		Medicaid Cost Reimbursement Analysis								
Conti	ract Man	agement					,			
Perm	nanent Fi	le								
Progi	ram Dev	elopment:								



660122700 - 2018/10

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

	Medicald Neimbursement Fer Diem	ivares for inc	<u> </u>	FIOVIUEIS				
Northwest Florid	da Community Hospital	Provider Number : 660122700						
		Da	Date: 09/26/2018					
3250 Main Stree	et	scal Year End : N	I/A					
Vernon, FL 324	62	Au	ıdit Status : N/A					
Provider Type:			Current Rate	New Rate	Effective Date			
Rur	al Health Clinic		120.36	122.05	10/01/2018			
Swi	ng-Bed Provider			1				
Fed	lerally Qualified Health Centers		_					
Hos	spice Provider							
	#651 / H51 Routine Home Care (1-60)							
	#651a / H5L Routine Home Care (61 +)		_					
	#652 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care - S	SIA						
	#655 / H55 Inpatient Respite Care							
	#656 / H56 General Inpatient Care							
	#659 Room and Board							
Basis :		Rate Ty	ne :					
Dasis .	l Budget	X	Prospect	ive				
	Unaudited costs		Total Pro					
	Desk audited costs			ive Adjusted for	New costs			
	Field audited costs			ive Adjusted for	New costs			
	Medicare - Prospective		 Interim					
Х	Payment System Rate		Total Inte	arim				
	Average Nursing Home Rate			nt based on cost	te.			
	Washington			in based on cost	.5			
	wasiiiigtori							
<u>Distributi</u>	on:	W.R ₂	ydell Samuel, Ad	ministrator #	*			
Fiscal Age	nt	Medi	icaid Cost Reimb	ursement Analys	sis			
Contract M	lanagement							
Permanent	t File							
Program D	evelopment:							
F	or information Only (No Change in rate)							



660123500 - 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

		modical a Normal Comment Tor Bit	Jiii itatoo io			uiioiiui	TO VIGOTO			
Doctor's Memorial Family Medicine				Provider Number : 660123500						
				Date: 09/26/2018						
				Fis	cal Ye	ar End : N	I/A			
Ma	ayo, FI 32066		Audit Status : N/A							
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				158.80	161.02	10/01/2018		
	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								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Тур	oe :]				
		Budget		Χ		Prospect	ive			
•		Unaudited costs			Total Prospective					
•		Desk audited costs			Prospective Adjusted for N		New costs			
		Field audited costs				_				
		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Lafayette				_				
	Distribution	<u>:</u>	<u> </u>	۷.Rv	/dell S	amuel. Ad	ministrator #	ζ		
Fiscal Agent			_	W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis						
	Contract Mana	agement					-			
	Permanent Fil	le								
	Program Deve	elopment:								



660124300 - 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 Dien	n Rates for	<u>r Nor</u>	<u>n-Institutiona</u>	<u>l Providers</u>				
Doctor's Memorial Family Practice			Provider Number : 660124300							
				Date: 09/26/2018						
1702 S. Jefferson St					cal Year End :	N/A				
Perry, FI 32348				Audit Status : N/A						
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			107.48	8 108.98	10/01/2018			
	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								
	#0	551 / 0561 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:					
		Budget	L	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			
		Taylor								
	Distribution	<u>ı:</u>	V	V.Ryo	dell Samuel, <i>F</i>	Administrator #	2			
Fiscal Agent		Medicaid Cost Reimbursement Analysis								
	Contract Man	agement				,				
	Permanent F	ile								
	Program Dev	elopment:								
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660137500 - 2018/10

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 : 09/26/2018							
125 S.W. 7th Street				Fis	cal Y	ear End : N	I/A			
Wi	lliston, FL 3269	6		Audit Status : N/A						
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				121.36	123.05	10/01/2018		
	Swing	-Bed Provider								
	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								
	#0	551 / 0561 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 :	7				
		Budget	<u> </u>	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 cos	ts		
		Collier								
	Distribution		V	V.Ry	dell S	Samuel, Ad	ministrator #	ζ		
Fiscal Agent		_	Medicaid Cost Reimbursement Analysis							
	Contract Man	agement					·			
	Permanent Fi	le								
	Program Deve	elopment:								
	For	information Only (No Change in rate)								