



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

First Coast Primary Care, Inc.
 3772 West Third Street
 Hilliard, FL 32046

Provider Number : 000162500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> 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			

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

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000255800 - 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

The Health Clinic
1351 South Blvd
Chipley, FL 32428

Provider Number : 000255800
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

000387200 - 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

Acute Care Pediatrics of Palm Coast, PA	Provider Number : 000387200
	Date : 09/26/2018
397 SW Palm Coast Parkway, #309	Fiscal Year End : N/A
Palm Coast, FL 32137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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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 +)			
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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 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

000997400 - 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

Healthflo Medical Clinic, Inc.
 Ridge Manor Medical Clinic
 34498 Cortez Blvd
 Ridge Manor, FL 335238908

Provider Number : 000997400
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics, PLLC	Provider Number : 001165800
	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
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics-Madison
 194 NE Hancock Ave
 Madison, FL 32340

Provider Number : 001165803
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics-Alachua	Provider Number : 001165807
	Date : 09/26/2018
15260 NW 147th Drive	Fiscal Year End : N/A
Alachua, FL 32615	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001263800 - 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

Roger C. Roque, MD PA
 St. Francis Primary Care Clinic
 720 North Bay Street, Suite 8
 Eustis, FL 32726

Provider Number : 001263800
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001524200 - 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

Avon Park Pediatrics, PA	Provider Number : 001524200
	Date : 09/26/2018
1571 US Hwy 27 North	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.62	79.73	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Florida Agency for Health Care Administration

001532500 - 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

North Florida Pediatrics - Lake City
1859 SW Newland Way
Lake City, FL 320256966

Provider Number : 001532500
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	84.34	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001534800 - 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

North Florida Pediatrics - Jasper	Provider Number : 001534800
	Date : 09/26/2018
1117 US Highway 41 NW, Suite B	Fiscal Year End : N/A
Jasper, FL 320525856	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	84.34	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA
 Suncoast Primary Care Specialists - Inverness
 3733 Gulf To Lake Hwy.
 Inverness, FL 344534830

Provider Number : 001589500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.70	79.80	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001768600 - 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

Tri County Primary Care, Inc.
 Tri County Primary Care - Dixie Co.
 306 NE Hwy 351
 Cross City, FL 32628

Provider Number : 001768600
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.70	79.80	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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- Contract Management
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

002074400 - 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 Urgent Care and Diagnostic Ctr PLC	Provider Number : 002074400
	Date : 09/26/2018
2615 Crawfordville Hwy, Suite 103	Fiscal Year End : N/A
Crawfordville, FL 323272169	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.71	79.81	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

002335400 - 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

Sun n Lake Medical Group - Lake Placid	Provider Number : 002335400
	Date : 09/26/2018
511 West Interlake Blvd.	Fiscal Year End : N/A
Lake Placid, FL 33852	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.71	79.81	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 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 Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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
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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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

002952100 - 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

Pediatric & Internal Medicine Specialists, PA	Provider Number : 002952100
	Date : 09/26/2018
PO Box 2066	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	79.97	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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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 +)			
#652 / H52 Continuous Home Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PRQ, Inc.
 Pediatric Partners of Winter Haven
 550 Pope Ave NW
 Winter Haven, FL 33881

Provider Number : 002983100
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.66	79.76	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dorothy J. Ray, MD
 Pediatric Associates of Lakeland
 2140 East Edgewood Drive
 Lakeland, FL 33803

Provider Number : 002983300
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.66	79.76	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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003129100 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA	Provider Number : 003129100
	Date : 09/26/2018
402 W. Highland Blvd.	Fiscal Year End : N/A
Inverness, FL 344524718	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	79.97	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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003198500 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics, LLC	Provider Number : 003198500
	Date : 09/26/2018
7960 SW 60th Ave.	Fiscal Year End : N/A
Ocala, FL 344766457	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.90	80.00	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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003198505 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics - Dunnellon
 7960 SW 60th Ave, Ste 100
 Ocala, FL 344768307

Provider Number : 003198505
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.26	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

Rate Type :	
<input checked="" type="checkbox"/>	Prospective
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003227500 - 2018/10

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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 Cost Reimbursement Analysis

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003432700 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

High Springs Pediatrics, LLC	Provider Number : 003432700
	Date : 09/26/2018
210 NW 1st Ave.	Fiscal Year End : N/A
High Springs, FL 326431002	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	79.97	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

003492200 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Romulo J. Camogliano, MD PA	Provider Number : 003492200
	Date : 09/26/2018
1400 N US Highway 441, Bldg 900, Suite 902	Fiscal Year End : N/A
The Villages, FL 321598975	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	79.97	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003557700 - 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

Grace Healthcare Solutions, Inc.	Provider Number : 003557700
	Date : 09/26/2018
7368 State Road 15, US 441	Fiscal Year End : N/A
Pahokee, FL 334761736	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.89	79.99	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

003682000 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA
 Suncoast Primary Care Specialists - Homasassa
 7991 S. Suncoast Blvd.
 Homasassa, FL 344465005

Provider Number : 003682000
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.87	79.97	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates
 Nature Coast Family Medical Clinic
 PO Box 640573
 Beverly Hills, FL 344533838

Provider Number : 004510300
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

004567100 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ira Fialko, DO, PA	Provider Number : 004567100
	Date : 09/26/2018
6171 West Gulf to Lake Highway	Fiscal Year End : N/A
Crystal River, FL 344292679	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

004690000 - 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

Horizon Pediatrics LLC
611 Demorest Street SE
Live Oak, FL 320643322

Provider Number : 004690000
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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004770700 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Afzal, MD
 Professional Pediatrics
 1050 US HWY 27N Suite 5
 Clermont, FL 34714

Provider Number : 004770700
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Afzal Mohammad MD
Tavares Pediatrics Inc
2523 Dora Ave
Tavares, FL 32778

Provider Number : 004771000
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Assoc. PA	Provider Number : 005919400
	Date : 09/26/2018
3775 N. Lecanto Hwy	Fiscal Year End : N/A
Beverly Hills, FL 344653504	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA
 Deven Medical Center
 11707 N. Williams Street, Suite 2
 Dunnellon, FL 34432

Provider Number : 005951500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Calhoun Liberty Hospital Assoc.	Provider Number : 005955000
Calhoun Liberty Hospital Primary Care Clinic	Date : 09/26/2018
20370 NE Burns Ave.	Fiscal Year End : N/A
Blountstown, FL 324241045	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			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

006247200 - 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

Kids Health Alliance, PA	Provider Number : 006247200
	Date : 09/26/2018
2650 NW 2nd Street, Suite 100	Fiscal Year End : N/A
Ocala, FL 344756234	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

006309100 - 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

Dynamic Health Centers	Provider Number : 006309100
	Date : 09/26/2018
2806 W. US Highway 90, Suite 102	Fiscal Year End : N/A
Lake City, FL 320554745	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulf Coast Healthcare System
Urgent and Convenient Care Center
700 South Main Street
LaBelle, FL 339354440

Provider Number : 006441200
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
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Florida Agency for Health Care Administration

006449300 - 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

Sonnis Pediatrics PA
1125 South Sixth Avenue
Wauchula, FL 33873

Provider Number : 006449300
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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006480000 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunshine Pediatrics of Ocala, PA	Provider Number : 006480000
	Date : 09/26/2018
1900 SW 20th Place	Fiscal Year End : N/A
Ocala, FL 344717870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.21	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Louis J. Radnothy, DO	Provider Number : 007197500
	Date : 09/26/2018
390 S. Central Ave.	Fiscal Year End : N/A
Umatilla, FL 327842325	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

007210600 - 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

Weirsdale Family Health Center Inc.	Provider Number : 007210600
	Date : 09/26/2018
16400 South Highway 25	Fiscal Year End : N/A
Wiersdale, FL 321952442	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

007864900 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

A Womans Place, Inc.	Provider Number : 007864900
	Date : 09/26/2018
1415 NW 23rd Ave.	Fiscal Year End : N/A
Chiefland, FL 326440058	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

008413600 - 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

University of Florida College of Nursing	Provider Number : 008413600
Archer Family Health Care	Date : 09/26/2018
16939 SW 134th Ave	Fiscal Year End : N/A
Archer, FL 326185413	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dr. Dale Mitchum
Southern Health Clinic
2910 Hospital Drive
Bonifay, FL 32425

Provider Number : 008611300
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

OB & GYN OF NE FL, PA	Provider Number : 009115200
	Date : 09/26/2018
PO Box 658	Fiscal Year End : N/A
Palatka, FL 321770658	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Medical Group PA	Provider Number : 009615800
	Date : 09/26/2018
130 SW 7th Street	Fiscal Year End : N/A
Williston, FL 326962404	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

009634300 - 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

Magnolia Pediatrics LLC	Provider Number : 009634300
	Date : 09/26/2018
1140 SW Bascom Norris Drive Ste 104	Fiscal Year End : N/A
Lake City, FL 320251329	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

009872600 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

AIDS Healthcare Foundation
 Positive Healthcare Mobile Clinic
 1001 N Martel Ave
 West Hollywood, CA 900466611

Provider Number : 009872600
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.05	80.16	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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



Florida Agency for Health Care Administration

010139400 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pioneer Health Alliance Inc
 Sumter Medical Center
 1580 Santa Barbara Blvd, Ste B
 The Villages, FL 321596828

Provider Number : 010139400
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.26	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010332700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthflo Medical Clinics
Bushnell Medical Clinic
117 W Belt Ave, Ste A
Bushnell, FL 33513

Provider Number : 010332700
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.58	81.71	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

010633400 - 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

Grace Pediatrics PL
4196 W US Highway 90 STE 105
Lake City, FL 320558834


Provider Number : 010633400
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.26	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

010697700 - 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

Origins Family Medical & Weight Loss Clinic	Provider Number : 010697700
	Date : 09/26/2018
194 SW Wall Ter	Fiscal Year End : N/A
Lake City, FL 320255086	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.26	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dynamic Health Centers - Lake Butler
 10348 SW 32nd Ave
 Gainesville, FL 32054

Provider Number : 010748000
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.26	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
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010801000 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Rural Health and Wellness Clinic	Provider Number : 010801000
	Date : 09/26/2018
300A NW 1st Ave	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.04	80.15	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

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

Baker County Medical Services
 Baker Rural Health Clinic
 159 N 3rd Street
 Macclenny, FL 320632103

Provider Number : 010834300
 Date : 09/26/2018
 Fiscal Year End : N/A
 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 +)			
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Florida Agency for Health Care Administration

010855400 - 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

Premier Medical Pediatric Clinic	Provider Number : 010855400
	Date : 09/26/2018
315 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472029	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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012588500 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Emory Medical Corp
 Womens Center of Florida
 PO Box 1646
 Lake City, FL 320561646

Provider Number : 012588500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.26	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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013075500 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Graceville Family Medicine	Provider Number : 013075500
	Date : 09/26/2018
PO Box 36	Fiscal Year End : N/A
Graceville, FL 324400036	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.26	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

014637300 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

First Coast Obstetrics & Gynecology
PO Box 519
Palatka, FL 32178-0519

Provider Number : 014637300
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.25	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Florida Agency for Health Care Administration

014683500 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sumter Pediatrics
 Mohammad Afzal
 265 Citrus Tower Blvd Ste 102
 Clermont, Fl 34711

Provider Number : 014683500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.15	80.25	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

014789107 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System-Bass Rd	Provider Number : 014789107
	Date : 09/26/2018
PO Box 2147	Fiscal Year End : N/A
Fort Myers, FL 33902-2147	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers			
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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015048100 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Columbia Co
1859 SW Newland Way
Lake City, FL 32025

Provider Number : 015048100
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.14	80.24	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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015420600 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Physicians Assistant Services
 Citra Family Health
 17805 N US Hwy 301
 Citra, FL 32113

Provider Number : 015420600
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.79	79.90	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Marion</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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016431000 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics-Silver Springs	Provider Number : 016431000
	Date : 09/26/2018
7960 SW 60th Ave Ste 1	Fiscal Year End : N/A
Ocala, FL 34476	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

SNC Holding Co
Citra Family Hlth
17805 N US Hwy 301
Citra, FL 32113

Provider Number : 016554200
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.12	80.23	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

016770200 - 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
Hamilton Primary Care
1150 US Hwy 41 NW STE 11
Jasper, FL 32052

Provider Number : 016770200
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

High Springs Pediatrics
Achua Pediatrics & Primary Care
14900 NW 140th St
Achua, FL 32615

Provider Number : 017470000
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

018056100 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Hospital
 Baptist Medical Group-Century
 8401 N Century BLVD
 Century, Fl 32535

Provider Number : 018056100
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

018968900 - 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

Family & After Hours Care	Provider Number : 018968900
	Date : 09/26/2018
1413 NW 23rd Ave	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

019432300 - 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

North Florida Pediatrics-Cross City
149 NE 241st St Ste A
Cross City, Fl 32628

Provider Number : 019432300
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Divaker Pediatrics	Provider Number : 019474000
	Date : 09/26/2018
6551 N Orange Blossom Trl	Fiscal Year End : N/A
Mount Dora, Fl 32757	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

023548300 - 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

Kids Health Alliance, P.A.	Provider Number : 023548300
	Date : 09/26/2018
2650 NW 2nd Street Suite 100	Fiscal Year End : N/A
Ocala, FL 34475	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

023710500 - 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 Healthcare
 Chipley Medical Group
 1376 Brickyard Rd Ste 4
 Chipley, FL 32428

Provider Number : 023710500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.82	79.92	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506000
	Date : 09/26/2018
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.69	85.87	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

ACV Community Services	Provider Number : 029511600
	Date : 09/26/2018
PO Box 4675	Fiscal Year End : N/A
Dowling Park, FL 32064	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.66	78.75	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

060245101 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Acorn Rural Health Clinic
 23320 North State Road 235
 Brooker, FL 32622

Provider Number : 060245101
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.88	83.03	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Kid's Care Pediatrics	Provider Number : 063363101
	Date : 09/26/2018
6910 Old Wolf Bay Rd	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	84.34	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatrics of Lake Wales	Provider Number : 251469901
	Date : 09/26/2018
1354 State Road 60 East	Fiscal Year End : N/A
Lake Wales, Fl 33853	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.84	74.88	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatrics of L. P
 344 East Royal Palm St, Ste 3
 Lake Placid, Fl 33852

Provider Number : 253535101
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.83	74.87	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry Family Care Ctr
Forbes Family Care Ctr
500 West Sagamore Ave
Clewiston, FL 33440

Provider Number : 253668401
Date : 09/26/2018
Fiscal Year End : N/A
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			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MJS Trust	Provider Number : 259715200
	Date : 09/26/2018
3750 US 27 North	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.33	80.44	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sebring Medical Walk-In Clinic
343 South Commerce Ave
Sebring, Fl 33870

Provider Number : 259716100
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.56	76.62	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Clinic
 1002 SW 11th Street
 Live Oak, FL 32064

Provider Number : 370861601
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.66	74.69	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

370861604 - 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

Children's Medical Center	Provider Number : 370861604
	Date : 09/26/2018
789 West Duval Street	Fiscal Year End : N/A
Lake City, FL 32055	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.66	74.69	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

372143401 - 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

Jack M. Matheny RHC
 205 Zeagler Drive, Suite #101
 Palatka, FL 32177

Provider Number : 372143401
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	84.34	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


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			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Milla Pediatrics
 426 SW Commerce Dr, Suite 101
 Lake City, FL 32025

Provider Number : 375159701
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.36	83.52	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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



Florida Agency for Health Care Administration

377682401 - 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

Sebring Pediatrics	Provider Number : 377682401
	Date : 09/26/2018
1550 Lakeview Dr.	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.78	78.87	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Shoreline Medical Group	Provider Number : 377827401
	Date : 09/26/2018
419 Baltzell Avenue	Fiscal Year End : N/A
Port St. Joe, FL 32456	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.49	82.63	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

378772904 - 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

The Pediatric Center	Provider Number : 378772904
	Date : 09/26/2018
1447 Medical Park Blvd, Suite 402	Fiscal Year End : N/A
Wellington, FL 33414	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660005100 - 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

ChIPLEY RHC	Provider Number : 660005100
	Date : 09/26/2018
P.O. Box 918	Fiscal Year End : N/A
ChIPLEY, Fl 32428	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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Distribution:

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- Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatric Associates	Provider Number : 660018200
	Date : 09/26/2018
7215 US Hwy 27 North	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.26	79.35	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatric Associates

120 Heartland Way

Wauchula, FL 338375000

Provider Number : 660018201

Date : 09/26/2018

Fiscal Year End : N/A

Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.02	75.06	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 

Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Medical Center	Provider Number : 660022100
	Date : 09/26/2018
14088 Alabama St	Fiscal Year End : N/A
Jay, FL 32565	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.94	86.13	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660024700 - 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

Physicians Partners Network

605 Lamar Ave
Brooksville, FL 34601

Provider Number : 660024700
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.36	82.50	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660026300 - 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

Community Medical Ctr.-Deland
1190 North Stone Street
Deland, FL 32720

Provider Number : 660026300
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.32	85.50	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660026302 - 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

Comm. Medical Ctr.-Orange Cty.	Provider Number : 660026302
	Date : 09/26/2018
810 Commed Boulevard	Fiscal Year End : N/A
Orange City, FL 32763	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.13	80.24	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Fl. Pediatrics RHC	Provider Number : 660027100
	Date : 09/26/2018
4316 Fifth Avenue	Fiscal Year End : N/A
Marianna, FL 32446	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	84.34	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



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			
#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
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



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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 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	Provider Number : 660037902
	Date : 09/26/2018
178 LaSalle Dr	Fiscal Year End : N/A
Quincy, FL 32351	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			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wakulla Family Medicine	Provider Number : 660037903
	Date : 09/26/2018
15 Council Moore Rd	Fiscal Year End : N/A
Crawfordville, Fl 32327	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			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Yunus Rural Health Clinic
Mohammad Yunus, MD
404 East Hwy 90
Bonifay, FL 32425

Provider Number : 660039500
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	84.34	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660046800 - 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

Richard A. Campbell RHC

105 Tomoka Boulevard South

Lake Placid, FL 33852

Provider Number : 660046800

Date : 09/26/2018

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.81	83.97	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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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

127-C Redstone Ave
Crestview, FL 32539

Provider Number : 660049201
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)			
#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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Okaloosa	

Distribution:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660052200 - 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

Wimauma Family Health Center	Provider Number : 660052200
	Date : 09/26/2018
5121 State Rd 674	Fiscal Year End : N/A
Wimauma, FL 33598	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.74	79.84	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660053100 - 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

Children's Clinic	Provider Number : 660053100
	Date : 09/26/2018
1100 N. Main St	Fiscal Year End : N/A
Belle Glade, FL 33430	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	84.34	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660054900 - 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

Marion RHC dba Forest Family Health	Provider Number : 660054900
	Date : 09/26/2018
15932 E. 40	Fiscal Year End : N/A
Silver Springs, FL 34488	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.02	83.16	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ahmad T. Ismail RHC	Provider Number : 660056500
	Date : 09/26/2018
110 E. Byrd Avenue	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	73.31	74.33	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Okaloosa Medical Center	Provider Number : 660058100
	Date : 09/26/2018
1045 US Hwy 331, Ste D	Fiscal Year End : N/A
DeFuniak, FL 32435	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			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660065400 - 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

Meena Nathan Medical Center
 840 South Bea Ave
 Inverness, FL 34452

Provider Number : 660065400
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.94	78.02	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660069700 - 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

Florida Family Rural Hlth Care	Provider Number : 660069700
	Date : 09/26/2018
2398 N. Beach Dr., Suite 100	Fiscal Year End : N/A
Avon Park, Fl 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.88	83.03	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Express Care of Belleview, Inc	Provider Number : 660070100
	Date : 09/26/2018
10762 S US Hwy 441	Fiscal Year End : N/A
Belleview, FL 34420	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.17	83.32	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660071900 - 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 Medical
 Nature Coast Family
 3400 N. Lecanto Hwy Suite A
 Beverly Hills, FL 34464

Provider Number : 660071900
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.72	79.82	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660072700 - 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

Rajendra P. Bellam MD	Provider Number : 660072700
	Date : 09/26/2018
11707 N. Williams St Suite 3	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.39	81.51	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660075100 - 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

Charles S. Li MD	Provider Number : 660075100
	Date : 09/26/2018
7647 W. Gulf Lake Hwy	Fiscal Year End : N/A
Crystal River, Fl 34429	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.52	78.61	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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

Citrus Springs RHC	Provider Number : 660075101
	Date : 09/26/2018
10489 N. Fl Ave	Fiscal Year End : N/A
Citrus Springs, Fl 34434	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.52	78.61	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

WFMA- Beverly Hills Med Ctr
 Alugubelli & Patel MD
 3745 N Lecanto Hwy
 Beverly Hills, FL 34465

Provider Number : 660076000
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.39	82.53	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660083200 - 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

Lake Butler Hospital RHC	Provider Number : 660083200
	Date : 09/26/2018
850 E Main St	Fiscal Year End : N/A
Lake Butler, FL 32054	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			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Palm Glades Rural Hlth Assoc
 217 W Ave
 Belle Glade, Fl 33430

Provider Number : 660087500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.89	82.02	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

660089100 - 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

Hernando Medical Center	Provider Number : 660089100
	Date : 09/26/2018
10489 N Florida Ave	Fiscal Year End : N/A
Citrus Springs, FL 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.84	80.96	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



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			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

David A. Miller, MD, PA	Provider Number : 660100600
Everglades Family Medicine	Date : 09/26/2018
170 S. Barfield Hwy #102	Fiscal Year End : N/A
Pahokee, FL 33476	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.13	80.24	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Pediatrics	Provider Number : 660103100
	Date : 09/26/2018
4880 N Hwy 19A	Fiscal Year End : N/A
Mt. Dora, FL 32757	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.35	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Raypar
Family Wellness Center
1064 North Broadway Ave
Bartow, FL 33830

Provider Number : 660109000
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.44	77.51	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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Distribution:

- Fiscal Agent
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- Permanent File
- Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660121900 - 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

Birth & Beyond P.A
1326 SR 100
Grandin, Fl 32138

Provider Number : 660121900
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.35	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Practice
 1702 S. Jefferson St
 Perry, FL 32348

Provider Number : 660124300
 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 +)			
#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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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Meidcal Group (Sebring)
3420 US 27 North
Sebring, Fl 33870

Provider Number : 660129400
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.01	82.14	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> 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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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660132400 - 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

Oak Hill Medical
185A North Rt. 1, PO Box 373
Oak Hill, FL 32759

Provider Number : 660132400
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.88	79.98	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics -Sneads
 7997 Hwy 90
 Sneads, FL 32460

Provider Number : 660135900
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.18	84.34	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #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			
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660140500 - 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

Andres R. Villar, M.D.	Provider Number : 660140500
	Date : 09/26/2018
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FL 32040	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.50	80.62	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Pediatrics, PA	Provider Number : 660141300
	Date : 09/26/2018
223 N. Main Street	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.74	79.84	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660142100 - 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

Rajendra P. Bellam MD	Provider Number : 660142100
	Date : 09/26/2018
P.O. Box 69	Fiscal Year End : N/A
Inglis, Fl 34449	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	63.37	64.25	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660147200 - 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 Medical Ctr of Walton Co, PA	Provider Number : 660147200
	Date : 09/26/2018
21 West Main St	Fiscal Year End : N/A
DeFuniak Springs, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.38	84.55	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D
 Children's Medical Ctr-Mt. Vernon
 P.O. Box 606
 Glen St. Mary, Fl 32040

Provider Number : 660151100
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.51	80.62	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Putnam Obstetrics & Gynecology, Inc.	Provider Number : 660162600
Putnam Obstetrics & Gynecology	Date : 09/26/2018
6061 St. Johns Ave, Ste A	Fiscal Year End : N/A
Palatka, FL 321776858	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.21	83.36	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660164200 - 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

Philip Colaizzo MD	Provider Number : 660164200
	Date : 09/26/2018
170 S. Barfield Hwy	Fiscal Year End : N/A
Pahokee, Fl 33476	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.11	80.22	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

660167700 - 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

Southern Family Healthcare, PA	Provider Number : 660167700
	Date : 09/26/2018
P.O. Box 692	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.62	78.71	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Center - Alachua
Children's Medical Center - Alachua
14681 N.W. Hwy 441
Alachua, FL 32615

Provider Number : 660174000
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.52	77.59	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660176600 - 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

Williston Family Practice

111 West Noble Ave
Williston, FL 32696

Provider Number : 660176600
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.95	80.05	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660181200 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunrise Primary Care - Summit Ave	Provider Number : 660181200
	Date : 09/26/2018
811 N. Summit St	Fiscal Year End : N/A
Crescent City, FL 32112	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.82	79.93	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Cocoa Beach
Pediatrics in Brevard, PA
699 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931

Provider Number : 660182100
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.79	79.90	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660183900 - 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

Pediatrics in Brevard - Hibiscus
 Pediatrics in Brevard, PA
 1755 Hibiscus Blvd
 Melbourne, FL 32901

Provider Number : 660183900
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.79	79.90	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

660184700 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Woods Dr	Provider Number : 660184700
Pediatrics in Brevard, PA	Date : 09/26/2018
134 S. Woods Dr	Fiscal Year End : N/A
Rockledge, FL 32955	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.79	79.90	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

660187100 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sun 'Lake Medical Group, PA
 Sun 'N Lake Medical Group
 4958 Sun ' N Lake Blvd
 Sebring, FL 33872

Provider Number : 660187100
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.94	80.04	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

660189800 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northwest Florida Healthcare	Provider Number : 660189800
	Date : 09/26/2018
1360 Brickyard Rd.	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.82	79.93	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660200200 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Garcia Medical Clinic
 411 E. Nelson Avenue
 Defuniak Springs, FL 32433

Provider Number : 660200200
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.81	79.92	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Chiefland Medical Center
 1113 N. W. 23rd Ave
 Chiefland, FL 32626

Provider Number : 660204500
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.16	78.24	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

660205300 - 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


The Medical Center LLC	Provider Number : 660205300
	Date : 09/26/2018
20454 N.E. Finley Ave	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.64	79.74	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Clark Clinic	Provider Number : 660209600
	Date : 09/26/2018
212 S. Florida St	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	79.69	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Afzal/Excel Pediatrics & Family Care	Provider Number : 660212600
	Date : 09/26/2018
265 Citrus Tower Blvd	Fiscal Year End : N/A
Clermont, FL 347111908	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.42	84.59	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dwight Peter Tiu/Acute Care Pediatrics	Provider Number : 660218500
	Date : 09/26/2018
1301 Reid St	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	79.69	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Medical Group, P.A.
 105 Tomoka Blvd South
 Lake Placid, FL 33852

Provider Number : 660219300
 Date : 09/26/2018
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	79.69	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

660220700 - 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

DFS Walk-In Clinic
9 W. Orange Ave
Defuniak Springs, FL 32435

Provider Number : 660220700
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	79.69	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

660226600 - 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

DJRJ2 Inc	Provider Number : 660226600
	Date : 09/26/2018
484 SW Commerce Drive	Fiscal Year End : N/A
Lake City, FL 320251508	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	79.69	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660230400 - 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

Express Care of Leesburg	Provider Number : 660230400
	Date : 09/26/2018
2500 Citrus Blvd	Fiscal Year End : N/A
Leesburg, FL 34748	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.59	79.69	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dawn Rene, Inc
Vernon Family Health Center
3027 Main St
Vernon, FL 32462

Provider Number : 660232100
Date : 09/26/2018
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	72.72	73.74	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jackson County Hospital

4318 5th Avenue

Marianna, FL 32446

Provider Number : 660233900

Date : 09/26/2018

Fiscal Year End : N/A

Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.54	79.64	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunrise Primary Care - St Johns Ave	Provider Number : 660236300
	Date : 09/26/2018
219 N Palm Ave	Fiscal Year End : N/A
Palatka, FL 321772627	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.98	77.04	10/01/2018
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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