

000162500 - 2018/10

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

Tallahassee, Florida 32308

First	Coast	Primary	Care Inc		Pro	ovider	· Number ·	000162500		
	· Couot	. minary			Date : 09/26/2018					
3772	2 West	Third Str	eet				ear End : N	Ι/Α		
	st Coast Primary Care, Inc. 72 West Third Street liard, FL 32046 Divider Type: X Rural Health Clinic 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 - SI #655 / H55 Inpatient Respite Care #659 Room and Board Basis: Budget						atus : N/A	() · (
Prov						Curr	ent Rate	New Rate	Effective Da	
	Х						78.72	79.8	2 10/01/20	
			<u>-</u>							
	Hospice Provider									
		#65	1 / H51 Routine Home Care (1-60)							
		#65	1a / H5L Routine Home Care (61 -	+)						
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Care	- SIA						
		#65	5 / H55 Inpatient Respite Care							
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
Г	Bas	sis :		Rate	э Тур	эe :				
_			Budget		Χ		⊐ Prospect	ive		
_			Unaudited costs				– Total Pro	spective		
_			Desk audited costs				– Prospect	ive Adjusted for	New costs	
_			Field audited costs				_			
_			Medicare - Prospective				_ Interim			
		X	Payment System Rate				– Total Inte	erim		
_			Average Nursing Home Rate				_ Settleme	nt based on cos	sts	
			Nassau				_			
	Distri	bution:		,	W.R	ydell S	Samuel, Ad	ministrator	 F	
	Fiscal Agent			Ī	Medi	caid (Cost Reimb	ursement Analy	ysis	
	Contra	act Mana	gement							
	Perma	anent File	•							
	Progra	am Devel	opment:							
		For in	formation Only (No Change in rate)							



000255800 - 2018/10

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

Tallahassee, Florida 32308

The	The Health Clinic				Pro	Provider Number : 000255800					
					Dat	e: 09/2	6/2018				
13	51 South Blvd				Fisc	cal Year	End : N	/A			
Ch	ipley, FL 3242	8			Auc	dit Statu	s : N/A				
Pro	ovider Type:					Curren	t Rate	New Rate	Effective Date		
	X Rural	Health Clinic					78.72	79.82	10/01/2018		
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hosp	ice Provider									
	#6	651 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	552 / H52 Continuous Home Care									
	#0	0551 / 0561 Continuous Home Care	- SIA								
	#6	555 / H55 Inpatient Respite Care									
	#6	556 / H56 General Inpatient Care									
	#6	559 Room and Board									
ſ	Basis :		Ra	ate	Тур	e :					
L		J Budget			X		rospecti	ve			
-		Unaudited costs				т	otal Pro	spective			
•		Desk audited costs				F	rospect	ve Adjusted for	New costs		
-		Field audited costs									
-		Medicare - Prospective	•			lr	nterim				
	Х	Payment System Rate				Т	otal Inte	rim			
-		Average Nursing Home Rate				s	Settleme	nt based on cos	ts		
-		Washington									
	Distribution	<u>n:</u>		٧	V.Ry	dell San	nuel, Ad	ministrator (R		
Fiscal Agent			N	/ledic	caid Cos	t Reimb	ursement Analy	rsis			
	Contract Mar	nagement									
	Permanent F	ïle									
	Program Dev	velopment:									
	For	information Only (No Change in rate))								



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

Acı	Acute Care Pediatrics of Palm Coast, PA				Pro	ovider	Number :	000387200	
					Da	te : 09	9/26/2018		
397	7 SW Pa	alm Coas	st Parkway, #309		Fis	cal Ye	ear End : N	I/A	
Pal	lm Coas	st, FL 32	2137		Au	dit Sta	atus : N/A		
Pro	ovider T	Гуре:				Curr	ent Rate	New Rate	Effective Date
	X	Rural I	Health Clinic				78.72	79.82	10/01/2018
		Swing	-Bed Provider						
		Federa	ally Qualified Health Centers						
		Hospid	ce Provider						
		#6	51 / H51 Routine Home Care (1-60))					·
		#65	51a / H5L Routine Home Care (61 -	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Care	- SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#6	59 Room and Board						
ſ	Ва	sis :		Rat	е Тур	ре :]		
٠			Budget		Х		Prospect	ive	
-			Unaudited costs				Total Pro	spective	
-			Desk audited costs				- Prospect	ive Adjusted for	New costs
-			Field audited costs				_		
-			Medicare - Prospective				Interim		
		Χ	Payment System Rate	-			Total Inte	erim	
-			Average Nursing Home Rate	-			Settleme	nt based on cos	ts
-			Flagler				_		
	Distr	ibution	<u>:</u>		W.R _\	/dell S	Samuel, Ad	ministrator W	 R
Fiscal Agent							ursement Analy		
	Contr	act Mana	agement					,	
	Perm	anent Fil	le						
	Progr	am Deve	elopment:						



000640100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	120.99	122.68	10/01/2018
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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

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

 $W. Rydell \ Samuel, \ Administrator$

F

Medicaid Cost Reimbursement Analysis



000707900 - 2018/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ac	lventist Health S	ystem		Pr	ovider	Number :	000707900			
Fa	mily Practice Ce	enter of Avon Park		Da	ite: 09/26/2018					
10	06 W. Pleasant	Street		Fis	Fiscal Year End : N/A					
Αv	on Park, FL 338	3252966		Αu	ıdit Sta	atus : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				82.48	83.63	10/01/2018		
	Swing	-Bed Provider						ı		
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60))					ı		
	#6	51a / H5L Routine Home Care (61	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	e - SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rate	тур	pe:	1				
		 Budget		Χ		Prospect	ive			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				- Prospect	ive Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				- Interim				
	X	Payment System Rate				- Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		— Highlands				_				
	Distribution	<u>:</u>		۷.R ^۰	ydell S	samuel, Ad	ministrator #	~		
	Fiscal Agent		-				ursement Analys	sis		
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Deve	elopment:								



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

He	althflo I	Medical (Clinic, Inc.		Pr	ovider	Number :	000997400		
Ric	lge Mai	nor Medi	cal Clinic		Da	ate: 09/26/2018				
34	498 Co	rtez Blvd			Fis	Fiscal Year End : N/A				
Ric	lge Mai	nor, FL(335238908		Αι	ıdit Sta	atus : N/A			
Pro	ovider	Туре:				Curr	ent Rate	New Rate	Effective Date	
	X	Rural	Health Clinic				78.72	79.82	10/01/2018	
		Swing	-Bed Provider							
		Feder	ally Qualified Health Centers							
		Hospi	ce Provider							
		#6	51 / H51 Routine Home Care (1-60)							
		#6	51a / H5L Routine Home Care (61 -	+)						
		#6	52 / H52 Continuous Home Care							
		#0	551 / 0561 Continuous Home Care	- SIA						
		#6	55 / H55 Inpatient Respite Care							
		#6	56 / H56 General Inpatient Care							
		#6	59 Room and Board							
	Ва	asis :		Rat	е Ту	pe :]			
,			Budget		Χ		Prospect	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				- Prospect	ive Adjusted for	New costs	
			Field audited costs	-			_			
•			Medicare - Prospective				_ Interim			
		Χ	Payment System Rate	-			Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	is	
•			Hernando				_			
	Dist	ribution	<u>ı:</u>		W.R	vdell S	Samuel, Ad	ministrator #	?	
Fiscal Agent Contract Management						oursement Analys	sis			
						,				
	Perm	nanent Fi	le							
	Prog	ram Dev	elopment:							



001165800 - 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

Litt	tle Pine Pediatr		Provi	der Number :	001165800		
				Date	: 09/26/2018		
17	02 S Jefferson	St		Fisca	I Year End : N	I/A	
Pe	rry, FL 32348			Audit	Status : N/A		
Pre	ovider Type:			С	urrent Rate	New Rate	Effective Date
	X Rural	Health Clinic			78.72	79.82	10/01/2018
	Swin	g-Bed Provider					
	Fede	rally Qualified Health Centers					
	Hosp	ice Provider					
	#6	551 / H51 Routine Home Care (1-60)					
	#6	651a / H5L Routine Home Care (61 +)				
	#6	552 / H52 Continuous Home Care					
	#0	0551 / 0561 Continuous Home Care	- SIA				
	#6	655 / H55 Inpatient Respite Care					
	#6	656 / H56 General Inpatient Care					
	#6	659 Room and Board					
	Basis :		Rate	Туре	:		
•		Budget	>	X	Prospect	ive	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
•		Average Nursing Home Rate			Settleme	nt based on cost	is
•		Taylor					
	Distribution	l <u>n:</u>	W	/.Rvde	ell Samuel, Ad	ministrator #	~
Fiscal Agent						oursement Analys	
	Contract Mar	nagement				,	
	Permanent F	ile					
	Program Dev	velopment:					



001165803 - 2018/10

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

Tallahassee, Florida 32308

		- MOGICAIA ROMADA COMONETO DE	Jiii itatt	50 .0.			a	10110010			
Litt	le Pine Pediatrio	cs-Madison			Pro	ovider	Number :	001165803			
					Da	ate: 09/26/2018					
19	4 NE Hancock A	ve			Fis	cal Ye	ear End : N	I/A			
Ма	dison, FI 32340)			Au	dit Sta	itus : N/A				
Pre	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	X Rural	Health Clinic					79.11	80.22	10/01/2018		
	Swing	-Bed Provider									
	Federa	ally Qualified Health Centers									
	Hospi	ce Provider									
	#651 / H51 Routine Home Care (1-60)										
	#651a / H5L Routine Home Care (61 +)										
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :			Rate	Тур	ре :]				
ן ו		 Budget			Χ		∟ Prospecti	ive			
		Unaudited costs					- Total Pro	spective			
•		Desk audited costs					- Prospecti	ive Adjusted for	New costs		
		Field audited costs					-				
•		Medicare - Prospective					Interim				
	Χ	Payment System Rate					Total Inte	erim			
•		Average Nursing Home Rate					Settleme	nt based on cos	ts		
•		 Madison					_				
	Distribution	<u>:</u>		V	۷.R۱	/dell S	amuel, Ad	ministrator M	 R		
	Fiscal Agent			_				ursement Analy	rsis		
	Contract Man	agement						,			
	Permanent Fi	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate))								



001165807 - 2018/10

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

Tallahassee, Florida 32308

1 :44	do Dino Dodictrio	a Alashus	m rato	D	ovidar Nivaskarı	004405007	
LILL	lie Pine Pediatric	S-Alacriua			ovider Number :	001100007	
45	000 NIM 4 4745 D	ato .			te: 09/26/2018	1/A	
					cal Year End : N	I/A	
Ala	acnua, FL 32615			Au	dit Status : N/A		
Pro	tle Pine Pediatrics-Alachua 260 NW 147th Drive achua, FL 32615 ovider Type: X Rural Health Clinic 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 #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Taylor				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic			78.72	79.82	10/01/2018
	Swing-	Bed Provider					
	Federa	Illy Qualified Health Centers					
	Hospic	e Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +	-)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	66 / H56 General Inpatient Care					
	#65	9 Room and Board					
	Paois :	٦		oto Tur			
l	Da515 .			Rate Typ	Prospect	ivo	
		_					
		_			Total Pro	•	Now costs
					——— Prospect	ive Adjusted for	New costs
					 Interim		
	~				Total Inte	urino	
		_ ' '					
		_			Settlerne	nt based on cost	iS
		i aylor					
	Distribution	I		W.R\	/dell Samuel, Ad	ministrator #	,
	Fiscal Agent				caid Cost Reimb		 sis
	Contract Mana	agement				,	
	Permanent Fil	е					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



001263800 - 2018/10

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

Tallahassee, Florida 32308

		modical Rollingar complete of Dia	m nate			on montanona.	<u> </u>			
Ro	Roger C. Roque, MD PA				Provider Number: 001263800					
St.	Francis Prim	nary Care Clinic			Da	Date: 09/26/2018				
72	North Bay	Street, Suite 8			Fis	scal Year End : N	I/A			
Eu	Eustis, FL 32726				Au	ıdit Status : N/A				
Pro	ovider Type:	:				Current Rate	New Rate	Effective Date		
	X Ru	ral Health Clinic				78.72	79.82	10/01/2018		
	Sw	ing-Bed Provider								
	Fed	derally Qualified Health Centers								
	Ho	spice Provider								
		#651 / H51 Routine Home Care (1-60)								
		#651a / H5L Routine Home Care (61 -	+)							
		#652 / H52 Continuous Home Care								
		#0551 / 0561 Continuous Home Care	- SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
	Basis :			Rate	Туј	pe:				
ָּ 		Budget	_		Χ	Prospect	Prospective			
•		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	Total Interim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
•		Lake								
	Distribut	l <u>ion:</u>		V	۷.R	ydell Samuel, Ac	Iministrator #	,		
	Fiscal Age	ent		_			oursement Analys	sis		
	Contract M	/lanagement					,			
	Permanen	t File								
	Program D	Development:								
	F	For information Only (No Change in rate))							



001524200 - 2018/10

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

Tallahassee, Florida 32308

				_		001=01000				
Αv	on Park Pediatri	cs, PA		Provider Number : 001524200 Date : 09/26/2018 Fiscal Year End : N/A						
	71 US Hwy 27 N									
Αv	on Park, FL 338	325		Auc	lit Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic			78.62	79.73	10/01/2018			
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	-)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Тур	e:					
ι		l Budget		X	Prospective Total Prospective					
•		Unaudited costs								
•		Desk audited costs			Prospec	tive Adjusted for	New costs			
•		Field audited costs								
•		— Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	ent based on cos	its			
•		— Highlands								
	Distribution		V	V.Ry	dell Samuel, Ad	dministrator W	 R			
	Fiscal Agent		N	/ledic	aid Cost Reiml	oursement Analy	vsis			
	Contract Mana	agement				-				
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)								



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				Provider Number : 001532500					
				Date	Pate: 09/26/2018				
185	9 SW Newland	d Way		Fisc	al Year End : N	I/A			
Lak	e City, FL 320	256966		Aud	it Status : N/A				
Pro	vider Type:			(Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic			83.18	84.34	10/01/2018		
	Swing	g-Bed Provider							
	Feder	ally Qualified Health Centers							
	Hosp	ice Provider							
	#6	551 / H51 Routine Home Care (1-60)					,		
	#6	651a / H5L Routine Home Care (61 +	-)						
	#6	552 / H52 Continuous Home Care							
	#0	0551 / 0561 Continuous Home Care	- SIA						
	#6	555 / H55 Inpatient Respite Care							
	#6	556 / H56 General Inpatient Care							
	#6	659 Room and Board							
ſ	Basis :		Rate	Туре	:				
_		Budget		Χ	Prospect	ive			
_		Unaudited costs			Total Pro	spective			
_		Desk audited costs			Prospect	ive Adjusted for	New costs		
_		Field audited costs							
_		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	s		
		Columbia							
	Distribution	l <u>n:</u>	W	V.Ryc	lell Samuel, Ad	ministrator #	<u> </u>		
	Fiscal Agent		_			ursement Analys			
	Contract Mar	nagement				,			
	Permanent F	ïle							
	Program Dev	velopment:							



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

No	North Florida Pediatrics - Jasper				Provider Number : 001534800					
					Da	Date: 09/26/2018				
11	17 US F	Highway 4	41 NW, Suite B		Fis	cal Ye	ear End : N	I/A		
Jas	Jasper, FL 320525856				Au	dit Sta	atus : N/A			
Pro	ovider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date	
	X	Rural I	Health Clinic				83.18	84.34	10/01/2018	
		Swing	-Bed Provider							
		Federa	ally Qualified Health Centers							
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1-60)							
		#65	51a / H5L Routine Home Care (61 -	+)						
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	- SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	56 / H56 General Inpatient Care							
		#65	59 Room and Board							
	Ва	nsis :		R	ate Typ	oe :]			
•			Budget		Х		Prospect	ive		
•			Unaudited costs				Total Prospective			
•			Desk audited costs				- Prospect	ive Adjusted for	New costs	
٠			Field audited costs				_			
•			Medicare - Prospective				Interim			
		Χ	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cos	ts	
•			Hamilton							
	Distr	ribution	<u>:</u>		W.R	/dell S	Samuel. Ad	ministrator #	ζ	
	Fisca	l Agent						ursement Analy		
	Contr	act Mana	agement					y		
	Perm	anent Fil	е							
	Progr	am Deve	elopment:							



001589500 - 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

est Florida Med		Pro	rovider Number : 001589500					
uncoast Primary	Care Specialists - Inverness		Date: 09/26/2018					
33 Gulf To Lake	e Hwy.		Fisc	Fiscal Year End : N/A				
verness, FL 34	4534830		Auc	dit Status : N/A				
rovider Type:				Current Rate	New Rate	Effective D		
X Rural	Health Clinic			78.70	79.80	10/01/2		
Swin	g-Bed Provider							
Fede	rally Qualified Health Centers							
Hosp	ice Provider							
#(#651 / H51 Routine Home Care (1-60)							
#(651a / H5L Routine Home Care (61 +)							
#(552 / H52 Continuous Home Care							
#(0551 / 0561 Continuous Home Care - S	SIA						
#6	655 / H55 Inpatient Respite Care							
#6	656 / H56 General Inpatient Care							
#(659 Room and Board							
Basis :		Rate	Тур	e :				
	Budget		Χ	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
Χ	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate Citrus			Settleme	nt based on cost	:s		
Distributio	<u>n:</u>	V	V.Ry	dell Samuel, Ad	Iministrator #	~		
Fiscal Agent		N	Леdic	aid Cost Reimb	oursement Analys	sis		
Contract Mar	nagement							
Permanent F	ile							
Program Dev	velopment:							



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.	Provider Number: 001768600						
Tri County Primary Care - Dixie Co.		Date: 09/26/2018					
306 NE Hwy 351	F	Fiscal Year End : N/A					
Cross City, FL 32628	A	Audit Sta	atus : N/A				
Provider Type:		Curr	ent Rate	New Rate	Effective Date		
X Rural Health Clinic			78.70	79.80	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 - S	SIA						
#655 / H55 Inpatient Respite Care							
#656 / H56 General Inpatient Care							
#659 Room and Board							
Basis :	Rate T	ype :					
Budget	X		Prospect	ive			
Unaudited costs			Total Prospective				
Desk audited costs			Prospect	ive Adjusted for	New costs		
Field audited costs			_				
Medicare - Prospective			Interim				
X Payment System Rate			Total Inte	erim			
Average Nursing Home Rate			Settleme	nt based on cost	ts		
Dixie			_				
<u>Distribution:</u>	W.	Rvdell S	Samuel, Ac	Iministrator #			
Fiscal Agent				oursement Analys	sis		
Contract Management							
Permanent File							
Program Development:							



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 Prov			ovider Number : 002074400					
		Date: 09/26/2018						
2615 Crawfordville Hwy, Suite 103			Fiscal Year End : N/A					
Crawford	ville, FL 323272169	Audit Status : N/A						
Provider	Provider Type:			New Rate	Effective Date			
Х	Rural Health Clinic		78.71	79.81	10/01/2018			
	Swing-Bed Provider							
	Fallandlia Occaliti al Hadith Occasiona		1					

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 :	7
	 Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs	_		_
	Medicare - Prospective	_		 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate			Settlement based on costs
	— Wakulla	_		_

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

 $W. Rydell \ Samuel, \ Administrator$

R

Medicaid Cost Reimbursement Analysis



002335400 - 2018/10

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

Tallahassee, Florida 32308

Su	n n Lake Me	dical Group - Lake Placid		Pro	vider Number :	002335400					
					Date: 09/26/2018						
51 ⁻	1 West Interl	ake Blvd.		Fiscal Year End : N/A							
Lal	ke Placid, FL	33852		Audit Status : N/A							
Pro	ovider Type	:			Current Rate	New Rate	Effective Date				
	X Ru	ral Health Clinic			78.71	79.81	10/01/2018				
	Sw	ring-Bed Provider									
	Fe	derally Qualified Health Centers									
	Но	spice Provider									
		#651 / H51 Routine Home Care (1-60)								
		#651a / H5L Routine Home Care (61	+)								
		#652 / H52 Continuous Home Care									
		#0551 / 0561 Continuous Home Care	- SIA								
		#655 / H55 Inpatient Respite Care									
		#656 / H56 General Inpatient Care									
		#659 Room and Board									
ſ	Basis :		Rate	Тур	e :						
٠		Budget		Χ	Prospect	ive					
-		Unaudited costs			Total Prospective						
-		Desk audited costs			Prospect	ive Adjusted for	New costs				
•		Field audited costs									
•		Medicare - Prospective			Interim						
_	Х	Payment System Rate			Total Inte	erim					
		Average Nursing Home Rate			Settleme	nt based on cos	ts				
		Highlands									
	Distribut	<u>ion:</u>	I V	V.Ryo	dell Samuel, Ad	ministrator //	z				
	Fiscal Agent		_			ursement Analy	rsis				
	Contract Management					•					
	Permaner	nt File									
	Program [Development:									
	F	For information Only (No Change in rate	·)								



002351900 - 2018/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Modicard Rollingarcomone 1 of Bre	Jiii itatoo io		Jii iiiotitatioiii	<u> </u>	<u>I O VI I O I O</u>		
Live Oak HMA, LLC				Pro	ovider Numbe	r : 0	02351900		
Sh	Shands Live Oak RHC 1426 Canyon Avenue, NE, Unit B Live Oak, FL 32064			Da	ate: 09/26/2018				
14				Fiscal Year End : N/A					
Liv				Au	ıdit Status : N/	Α			
Pr	ovider Type:				Current Rate	e	New Rate	Effective Date	
	Rural	Health Clinic			138.	83	140.77		
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60))						
	#6	51a / H5L Routine Home Care (61	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate	Ту	pe:				
		Budget		Χ	Prospe	ectiv	re		
		Unaudited costs			Total F	Pros	pective		
		Desk audited costs			Prospe	ectiv	e Adjusted for I	New costs	
		Field audited costs							
		Medicare - Prospective			Interim	1			
	Χ	Payment System Rate			Total I	nteri	im		
		Average Nursing Home Rate			Settler	nen	t based on cost	s	
		Suwannee							
	Distribution	<u>ı:</u>	<u> </u>	۷.R	ydell Samuel,	Adn	ninistrator #	•	
	Fiscal Agent		_				rsement Analys	sis	
	Contract Man	agement					,		
	Permanent Fi	le							
	Program Deve	elopment:							



002352500 - 2018/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sta	arke HMA, LLC			Prov	vider Number :	002352500				
Sh	ands Starke RH	С		Date	e : 09/26/2018					
15	50 S. Water Stre	et		Fiscal Year End : N/A						
Sta	arke, FL 320914	511		Aud	it Status : N/A					
Pr	ovider Type:			(Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			171.41	173.81	10/01/2018			
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Туре	:					
'		Budget		Χ	Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	ts			
•		Bradford								
	Distribution	<u> </u>	W	V.Rvc	lell Samuel, Ac	Iministrator #	?			
	Fiscal Agent					oursement Analys				
	Contract Mana	agement								
	Permanent Fil	e								
	Program Deve	elopment:								



002952100 - 2018/10

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

Tallahassee, Florida 32308

Pe	diatric & Interna	l Medicine Specialists, PA		Pro	vider Number :	002952100	
				Dat	e: 09/26/2018		
РС	Box 2066			Fisc	cal Year End : I	N/A	
Led	canto, FL 3446	1		Auc	lit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			78.87	79.97	10/01/2018
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +	·)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
ſ	Basis :	7	Rate	Тур	e :		
٠		Budget	L	Χ	 Prospec	tive	
•		Unaudited costs			Total Pro	ospective	
-		Desk audited costs			Prospec	tive Adjusted for	New costs
-		Field audited costs					
-		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
•		Average Nursing Home Rate			Settleme	ent based on cos	ts
		Citrus					
	Distribution		V	V.Ry	dell Samuel, Ad	dministrator M	 R
	Fiscal Agent	Medicaid Cost Reimbursement Analysis					
	Contract Management Permanent File					,	
	Program Development:						
	For	information Only (No Change in rate)					



Permanent File

Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

002954700 - 2018/10

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

Tallahassee, Florida 32308

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



002983100 - 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

			Medicald Neillibursement Fer D	ieiii ix	ales ioi	140	111-11131	itutionai	FIOVIUEIS			
PR	Q, Inc.					Pro	ovider	Number :	002983100			
Pe	diatric P	artners o	of Winter Haven			Da	te : 09	/26/2018				
55	0 Pope	Ave NW			Fiscal Year End : N/A							
Wi	nter Hav	ven, FL	33881			Au	dit Sta	tus : N/A				
Pro	ovider 1	уре:					Curre	ent Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic					78.66	79.76	10/01/2018		
		Swing-	Bed Provider									
		Federa	Illy Qualified Health Centers									
		Hospic	e Provider									
		#65	51 / H51 Routine Home Care (1-60	0)								
	#651a / H5L Routine Home Care (61 +)											
		#65	2 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Care	e - SI	A							
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :]	ΤΓ	Rate	Тур	oe :]				
,			Budget	-		Χ		Prospect	ive			
•			Unaudited costs	-				Total Pro	spective			
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs		
•			Field audited costs	-				-				
•			Medicare - Prospective					Interim				
		X	Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cos	ts		
			Polk									
	Distr	ibution	<u>.</u>		V	V.Rv	/dell S	amuel, Ad	ministrator #	ζ		
	Fisca	l Agent							ursement Analy	sis		
Contract Management								,				
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									



002983300 - 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

Do	rothy J. Ra	ay, MD		Prov	ider Number :	002983300			
Pe	diatric Ass	ociates of Lakeland		Date	ate: 09/26/2018				
214	40 East Ed	gewood Drive		Fisca	al Year End : N	I/A			
Lak	keland, FL	33803		Audi	t Status : N/A				
Pro	ovider Typ	oe:		C	Current Rate	New Rate	Effective Date		
	X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-6				78.66	79.76	10/01/2018		
	S	wing-Bed Provider					ı		
	F	ederally Qualified Health Centers							
	F	lospice 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	s:	Rate	Туре	:				
٠		Budget		Х	Prospect	ive			
-		Unaudited costs			Total Pro	spective			
-		Desk audited costs			Prospect	ive Adjusted for	New costs		
-		Field audited costs							
-		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
-		Average Nursing Home Rate			Settleme	nt based on cost	s		
-		Polk							
	Distrib	ution:	lv	V.Rvd	ell Samuel, Ad	ministrator #	,		
	Fiscal A	gent	_			ursement Analys			
	Contract	Management							
	Perman	ent File							
Program Development:									



003129100 - 2018/10

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

Tallahassee, Florida 32308

We	est Florida Medic	al Associates, PA			Pro	vider	Number :	003129100	
					Dat	te : 09	9/26/2018		
402	2 W. Highland Bl	vd.			Fis	cal Ye	ear End : N	/A	
Inv	erness, FL 3445	524718			Aud	dit Sta	atus : N/A		
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	X Rural I	lealth Clinic					78.87	79.97	10/01/2018
	Swing-	Bed Provider							
	Federa	Ily Qualified Health Centers							
	Hospic	e Provider							
	#65	51 / H51 Routine Home Care (1-60))						
	#65	+)							
	#65								
	#05	551 / 0561 Continuous Home Care	- SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
ſ	Basis :]		Rate	Тур	e :	7		
ָ 		 Budget			Х		⊐ Prospecti	ve	
-		Unaudited costs	-				- Total Pro	spective	
•		Desk audited costs	-				- Prospecti	ve Adjusted for	New costs
-		Field audited costs					_		
-		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Citrus							
	Distribution	<u>.</u>		V	V.Ry	dell S	Samuel, Ad	ministrator #	ζ
	Fiscal Agent		_				ursement Analy	sis	
	Contract Management							·	
	Permanent File	e							
	Program Deve	elopment:							
	For i)							



003198500 - 2018/10

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

Tallahassee, Florida 32308

Pre	emier Pediatrics	, LLC		Pro	vider	Number :	003198500	
		SW 60th Ave.				9/26/2018		
79	60 SW 60th Ave			Fis	cal Y	ear End : N	I/A	
Ос	ala, FL 344766	457		Au	dit St	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic				78.90	80.00	10/01/2018
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	-)						
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rate	Тур	e :			
١		Budget		Χ		⊐ Prospect	ive	
•		Unaudited costs				– Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				_ Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	its
-		Marion				_		
	Distribution		V	V.Ry	dell S	Samuel, Ad	ministrator W	 R
	Fiscal Agent		_				ursement Analy	vsis
	Contract Management						,	
	Permanent Fi	le						
	Program Deve	elopment:						
	For	information Only (No Change in rate)						



003198505 - 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

_			B "			_		.	000400505	
Pre	emier Pediatrics - Dunnellon								003198505	
								/26/2018		
79	60 SW 6	60th Ave,	Ste 100			Fis	cal Ye	ear End : N	I/A	
Oc	ala, FL	3447683	307			Au	dit Sta	itus : N/A		
Pro	ovider 1	Гуре:					Curre	ent Rate	New Rate	Effective Date
	Χ	Rural H	lealth Clinic					79.15	80.26	10/01/2018
		Swing-	Bed Provider						,	
		Federa	Ily Qualified Health Centers							
		Hospic	e Provider							
		#65	51 / H51 Routine Home Care (1-60))						
	#651a / H5L Routine Home Care (61			+)						
		#05	551 / 0561 Continuous Home Care	- SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :	7		Rate	Тур	e :]		
`			Budget			Χ		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
			Desk audited costs					Prospect	ive Adjusted for	New costs
			Field audited costs					_		
•			Medicare - Prospective					Interim		
		Χ	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Marion					_		
	Distr	ibution	<u>.</u>	<u> </u>	V	۷.R۱	dell S	amuel. Ad	ministrator W	ζ
	Fisca	l Agent			_				ursement Analy	sis
	Contr	act Mana	agement		-				·,	
	Perm	anent Fil	е							
	Progr	am Deve	elopment:							



003227500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Campbellton-Grace	eville Hospital		Provider Number : 003227500							
Campbellton Grace	ville Hospital Physicans Office		Date : 0	ate: 09/26/2018						
5429 College Drive	, Suite B		Fiscal Y	Fiscal Year End : N/A						
Graceville, FL 324	40		Audit Status : N/A							
Provider Type:			Cur	rent Rate	New Rate	Effective Date				
Rural I	Health Clinic			83.03	84.19	10/01/2018				
Swing	Bed Provider									
Federa	Illy Qualified Health Centers									
Hospic	e Provider									
#65	51 / H51 Routine Home Care (1-60)									
#65	51a / H5L Routine Home Care (61 -	+)								
#65	52 / H52 Continuous Home Care									
#05	551 / 0561 Continuous Home Care	- SIA								
#65	55 / H55 Inpatient Respite Care									
#65	66 / H56 General Inpatient Care									
#65	9 Room and Board									
Basis:		Rate	Гуре :	7						
	Budget	>	<	⊐ Prospect	ive					
			Total Pro	spective						
	Desk audited costs			Prospect	ive Adjusted for	New costs				
	Field audited costs									
	Medicare - Prospective			_ Interim						

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

Payment System Rate

Average Nursing Home Rate

Jackson

Χ

 $W. Ry dell \ Samuel, \ Administrator$

Medicaid Cost Reimbursement Analysis

Total Interim

Settlement based on costs



003432700 - 2018/10

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

Tallahassee, Florida 32308

Ηiς	gh Springs Pedia		Pro	vider Number	: 003432700		
				Dat	e: 09/26/2018		
21	0 NW 1st Ave.			Fisc	cal Year End :	N/A	
Ηiς	gh Springs, FL 3	326431002		Aud	lit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1) #651a / H5L Routine Home Care #652 / H52 Continuous Home Ca				78.8	7 79.97	7 10/01/2018
	Swing	-Bed Provider				'	'
	Federa	ally Qualified Health Centers					
	Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 -	+)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :	7	Rate	Тур	e :		
,		 Budget		Χ	Prospec	ctive	
•		Unaudited costs			Total Pr	ospective	
•		Desk audited costs			Prospec	ctive Adjusted for	New costs
•		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total In	terim	
		Average Nursing Home Rate			Settlem	ent based on cos	sts
•		Alachua					
	Distribution		V	W.Ry	dell Samuel, A	dministrator The	
	Fiscal Agent		_			bursement Analy	/sis
	Contract Management					ĺ	
	Permanent Fil	le					
	Program Deve	elopment:					
	For i	information Only (No Change in rate))				



003492200 - 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

		modicala Rombarcomont i or bi	ioiii itatt	<u> </u>	<u> </u>	titutiona.	1 10114010	
Ro	mulo J. Camo	ogliano, MD PA		Pro	ovider	Number :	003492200	
				Da	te : 09	9/26/2018		
14	00 N US High	way 441, Bldg 900, Suite 902		Fis	cal Ye	ear End : N	I/A	
Th	e Villages, FL	321598975		Au	dit Sta	tus : N/A		
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	X Rura	al Health Clinic				78.87	79.97	10/01/2018
	Swi	ng-Bed Provider					1	
	Fed	erally Qualified Health Centers						
	Hos	pice Provider						
	;	#651 / H51 Routine Home Care (1-60))					<u>'</u>
	7	#651a / H5L Routine Home Care (61	+)					
	1	#652 / H52 Continuous Home Care						
	;	#0551 / 0561 Continuous Home Care	e - SIA					
	;	#655 / H55 Inpatient Respite Care						
	;	#656 / H56 General Inpatient Care						
	;	#659 Room and Board						
	Basis :			Rate Typ	oe :]		
		Budget		Х		Prospect	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
	Х	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Sumter						
	Distribution	on:	1	W.R	/dell S	amuel. Ad	ministrator #	
	Fiscal Ager	nt					oursement Analy	 sis
Contract Management								
	Permanent	File						
	Program De	evelopment:						



003557700 - 2018/10

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

Tallahassee, Florida 32308

Grace Healthcare Solutions, Inc.			Provider Number : 003557700						
Date: 09/26/2018									
7368	State Road 15	5, US 441		F	isca	ıl Year End : N	I/A		
Paho	okee, FL 3347	61736	Audit Status : N/A						
Prov	vider Type:				С	urrent Rate	New Rate	Effective Date	
	X Rural H	lealth Clinic				78.89	79.99	10/01/2018	
	Swing-	Bed Provider						<u>'</u>	
	Federa	Ily Qualified Health Centers							
	Hospid	e Provider							
	#65	1 / H51 Routine Home Care (1-60)					,		
	#65	1a / H5L Routine Home Care (61 -	+)						
	#65	2 / H52 Continuous Home Care							
	#05	51 / 0561 Continuous Home Care	- SIA						
	#65	5 / H55 Inpatient Respite Care							
	#65	6 / H56 General Inpatient Care							
	#65	9 Room and Board							
Г	Basis :]	Rate	Ty	уре	:			
_		Budget		Х		Prospecti	ive		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cos	ts	
		Palm Beach							
	<u>Distribution</u> :			N.F	Ryde	ell Samuel, Ad	ministrator #	ζ	
Fiscal Agent			_	Medicaid Cost Reimbursement Analysis					
	Contract Mana	agement					·		
	Permanent File	е							
	Program Deve	lopment:							
	For i	nformation Only (No Change in rate))						



003682000 - 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

West Florida Medical Associates, PA				Pr	Provider Number : 003682000					
, ,				te: 09/26/2018						
7991 S. S	Suncoast E	Blvd.	-60) 61 +)							
Homasas	sa, FL 34	14465005		Αι	Date: 09/26/2018 Fiscal Year End: N/A Audit Status: N/A Current Rate New Rate Effective 78.87 79.97 10/01/					
Provider	Type:		Specialists - Homasassa 6005 h Clinic Provider tualified Health Centers ovider 151 Routine Home Care (1-60) H5L Routine Home Care (61 +) 152 Continuous Home Care 0561 Continuous Home Care - SIA 155 Inpatient Respite Care 156 General Inpatient Care oom and Board dget audited costs sk audited costs Id audited costs dicare - Prospective		Current Rate	New Rate	Effective Date			
X	Rural I	Health Clinic			78.87	79.97	10/01/2018			
	Swing-Bed Provider									
	Federally Qualified Health Centers									
	Hospic	ce Provider								
		51 / H51 Routine Home Care (1-60)								
		<u> </u>	+)							
			- SI	Α						
		<u> </u>								
		·								
	#63	9 Room and Board								
В	asis :	7	lΓ	Rate Ty	pe:					
		Budget	-	Х	Prospec	Prospective				
		Unaudited costs	_		Total Pr	Total Prospective				
Desk audited costs				Prospec	Prospective Adjusted for New costs					
		Field audited costs	_							
		Medicare - Prospective			Interim					
	Χ	Payment System Rate	_		Total Int	erim				
		Average Nursing Home Rate	_		Settleme	ent based on cos	ts			
		Citrus								

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

 $W. Ry dell \ Samuel, \ Administrator$

R

Medicaid Cost Reimbursement Analysis



004510300 - 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

			Modicala Rombal comone i or i	<u>Jioiii itatoo i</u>	<u> </u>	JC	titutional	110110010			
West Florida Medical Associates					Provider Number: 004510300						
Na	Nature Coast Family Medical Clinic				Date: 09/26/2018						
PC	Box 64	10573			Fis	scal Y	ear End : N	I/A			
Ве	verly Hil	lls, FL 3	44533838		Αι	ıdit Sta	atus : N/A				
Pr	ovider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic				79.11	80.21	10/01/2018		
		Swing	-Bed Provider								
		Federa	ally Qualified Health Centers								
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	50)							
		#6	51a / H5L Routine Home Care (6	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Ca	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	sis :	7	Rat	te Ty	pe :	7				
'			⊒ Budget		Χ		⊐ Prospect	ive			
,			Unaudited costs				– Total Pro	spective			
			Desk audited costs				– Prospect	ive Adjusted for	New costs		
,			Field audited costs				_				
,			Medicare - Prospective				_ Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cos	ts		
'			Citrus				_				
	Distr	ibution	<u>.</u>		W.R	vdell S	Samuel. Ac	Iministrator #			
Fiscal Agent							oursement Analy	sis			
	Contr	act Man	agement								
	Perm	anent Fil	le								
	Progr	am Deve	elopment:								



004567100 - 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 D	Diem Rat	es fo	No	n-Instit	utional	<u>Providers</u>			
Ira Fialko, DO, PA						Provider Number: 004567100						
						Date: 09/26/2018						
61	6171 West Gulf to Lake Highway						cal Yea	r End : N	I/A			
Crystal River, FL 344292679 Audit Status : N/A												
Provider Type:							Curren	t Rate	New Rate	Effective Date		
	Χ	Rural F	lealth Clinic					79.11	80.21	10/01/2018		
		Swing-	Bed Provider									
		Federa	lly Qualified Health Centers									
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	60)								
		#65	1a / H5L Routine Home Care (6	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Ca	re - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :]		Rate	Тур	pe:					
, '			Budget			Χ	F	Prospect	ive			
•			Unaudited costs					Γotal Pro	spective			
			Desk audited costs				F	Prospect	ive Adjusted for	New costs		
			Field audited costs									
'			Medicare - Prospective				I	nterim				
	2	X	Payment System Rate				-	Γotal Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cos	ts		
			Citrus				_					
	Distri	ibution:			V	۷.R۱	/dell Saı	muel, Ad	ministrator W	Z		
Fiscal Agent				_				ursement Analy	sis			
	Contra	act Mana	gement						·,			
	Perma	anent File	e									
	Progra	am Deve	lopment:									



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		Pro	vider Number :	004690000	
			te: 09/26/2018		
611 Demorest Street SE			cal Year End : N	I/A	
Live Oak, FL 320643322			dit Status : N/A	•	
Provider Type:			Current Rate	New Rate	Effective Date
X Rural Health Clinic			79.11	80.21	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	4				
#655 / H55 Inpatient Respite Care					
#656 / H56 General Inpatient Care					
#659 Room and Board					
Basis:	Rate	Тур	e :		
Budget	,	X	Prospect	ive	
Unaudited costs			Total Pro	spective	
Desk audited costs			Prospect	ive Adjusted for	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	erim	
Average Nursing Home Rate			Settleme	nt based on cost	s
Suwannee					
<u>Distribution:</u>	V	/.Ry	dell Samuel, Ad	ministrator #	
Fiscal Agent	_			ursement Analys	sis
Contract Management				,	
Permanent File					
Program Development:					



004770700 - 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

Mo	hammad Afza	al, MD		Provider Number : 004770700							
Professional Pediatrics 1050 US HWY 27N Suite 5					Date: 09/26/2018						
					cal Ye	ear End : N	I/A				
Cle	ermont, FL 34	714		Au	dit Sta	tus : N/A					
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	X Rura	al Health Clinic				79.11	80.21	10/01/2018			
	Swii	ng-Bed Provider									
	Fed	erally Qualified Health Centers									
	Hos	pice Provider									
	#	#651 / H51 Routine Home Care (1-60))								
	;	#651a / H5L Routine Home Care (61	+)								
	;	#652 / H52 Continuous Home Care									
	;	#0551 / 0561 Continuous Home Care	e - SIA								
	;	#655 / H55 Inpatient Respite Care									
	;	#656 / H56 General Inpatient Care									
	#	#659 Room and Board									
	Basis :		Ra	te Typ	oe :]					
		Budget		Х		ر Prospect	ive				
		Unaudited costs				- Total Pro	spective				
		Desk audited costs				- Prospect	ive Adjusted for	New costs			
		Field audited costs				-					
		Medicare - Prospective				- Interim					
	Х	Payment System Rate				- Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cos	its			
		Lake				-					
	Distribution	on:	1	W/ Px	ıdeli 9	amuel Ad	ministrator W	 R			
Fiscal Agent				W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis							
	Contract Ma			ivicul	caid C	OST INCHIN	arsement Analy	JIJ			
	Permanent										
		evelopment:									
		p · · · · v · · · ·									



004771000 - 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

			Medicald Kellibursellient Fer I	<u>Jieiii iva</u>	163 101	140	11-111311	tutionai	FIOVILIEIS			
Afzal Mohammad MD					Provider Number: 004771000							
Tavares Pediatrics Inc 2523 Dora Ave					Date: 09/26/2018							
						Fisc	cal Yea	ar End : N	I/A			
Tavares, FL 32778						Auc	dit Stat	us : N/A				
Pro	vider 1	Гуре:					Curre	nt Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic					79.11	80.2	10/01/2018		
		Swing	-Bed Provider									
		Federa	ally Qualified Health Centers									
		Hospid	ce Provider									
		#65	51 / H51 Routine Home Care (1-6	30)								
		#65	51a / H5L Routine Home Care (6	1 +)								
		#65	52 / H52 Continuous Home Care	:								
		#0	551 / 0561 Continuous Home Ca	re - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
ſ	Ва	sis :			Rate	Тур	e :					
٠			Budget)	X		Prospect	ive			
-			Unaudited costs				Total Prospective					
-			Desk audited costs					Prospective Adjusted for New costs				
-			Field audited costs									
-			Medicare - Prospective					Interim				
		Χ	Payment System Rate					Total Inte	erim			
-			Average Nursing Home Rate Lake	-				Settleme	nt based on cos	ets		
	<u>Distr</u>	ibution	<u>.</u>		W	/.Ry	dell Sa	amuel, Ad	ministrator	R.		
Fiscal Agent				M	ledic	caid Co	ost Reimb	ursement Analy	/sis			
	Contr	act Mana	agement									
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									



005919400 - 2018/10

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

Tallahassee, Florida 32308

		- MOGIOGIA (COMINATIONICI OF DIC	m nacoc	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	utionai i	10114010	
We	est Florida Medio	cal Assoc. PA			Pro	ovider N	umber : (005919400	
					Da	ite: 09/2	26/2018		
37	75 N. Lecanto H	wy			Fis	cal Yea	r End : N	I/A	
Ве	verly Hills, FL 3	44653504			Au	dit Statu	ıs : N/A		
Pro	ovider Type:					Curren	t Rate	New Rate	Effective Date
	X Rural	Health Clinic					79.11	80.21	10/01/2018
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#651a / H5L Routine Home Care (61 #652 / H52 Continuous Home Care								
	#6								
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		R	ate	Тур	pe:			
		 Budget	<u> </u>		Χ	 F	Prospecti	ive	
•		Unaudited costs				7	Total Pro	spective	
•		Desk audited costs	<u>-</u>			F	Prospecti	ive Adjusted for	New costs
•		Field audited costs							
•		Medicare - Prospective				ı	nterim		
	Χ	Payment System Rate					Γotal Inte	erim	
•		Average Nursing Home Rate	-				Settleme	nt based on cos	its
•		Citrus							
	Distribution			V	V.Ry	/dell Sar	muel, Ad	ministrator W	 R
	Fiscal Agent			_				ursement Analy	rsis
	Contract Man	agement						•	
	Permanent Fi	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate))						



005951500 - 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

			Modicala Rollingar comone i or i	Jioiii itatoo		10	montaniona	110114010			
We	West Florida Medical Associates, PA Deven Medical Center				Р	Provi	ider Number :	005951500			
De	ven Me	dical Ce	nter		С	ate	: 09/26/2018				
11	707 N. \	Villiams	Street, Suite 2		Fiscal Year End : N/A						
Du	nnellon	, FL 344	32		А	Audit	t Status : N/A				
Pr	ovider 1	Гуре:				С	Surrent Rate	New Rate	Effective Date		
	Х	Rural	Health Clinic				79.11	80.21	10/01/2018		
		Swing	-Bed Provider								
		Federa	ally Qualified Health Centers								
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	50)				1			
	#651a / H5L Routine Home Care (61 +)										
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Ca	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		56 / H56 General Inpatient Care									
		#6	59 Room and Board								
	Ва	ısis :	7	Ra	ate Ty	уре	:				
			⊒ Budget		Х		 Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			 Marion								
	<u>D</u> istr	ibution	<u>:</u>		W F	Rvde	ell Samuel, Ad	ministrator #	~		
		l Agent						oursement Analys	sis		
	Contr	act Man	agement			J. 50		and a second sec			
	Progr	Permanent File Program Development:									



005955000 - 2018/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ca	alhoun Liberty Ho	ospital Assoc		Pr	ovider	Number :	005955000	
		ospital Primary Care Clinic				0/26/2018	00000000	
	370 NE Burns A	· · · · · · · · · · · · · · · · · · ·				ear End : N	I/A	
	ountstown, FL 3					itus : N/A	,,,	
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
-		Health Clinic			Guire	84.29		
		-Bed Provider				00	00111	10/01/2010
		ally Qualified Health Centers						
		ce Provider						
		51 / H51 Routine Home Care (1-60	0)					
		51a / H5L Routine Home Care (61	·					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Car	e - SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :	7	Rate	тур	pe :]		
		 Budget		Χ		ם Prospect	ive	
		Unaudited costs				- Total Pro	spective	
		Desk audited costs				- Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				- Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Calhoun				_		
	Distribution	<u>:</u>		N.R [,]	vdell S	amuel, Ad	ministrator #	ζ
	Fiscal Agent		_				oursement Analy	sis
	Contract Man	agement					,	
	Permanent Fi	le						
	Program Dev							



006247200 - 2018/10

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

Tallahassee, Florida 32308

Kids Health Alliance, PA		iii ita	D.	: al a u Ni aa la a u .	000047000		
NIC	is Health Alliance	e, PA			ovider Number :	006247200	
00	50 NN// 0 - 1 O/	0.11.400			ate: 09/26/2018	.1/A	
	50 NW 2nd Stree	·			scal Year End : N	N/A	
Oc	ala, FL 3447562	234		Αι	ıdit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic			79.1	1 80.21	10/01/2018
	Swing-	Bed Provider					
	Federa	Illy Qualified Health Centers					
	Hospic	e Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +	-)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	66 / H56 General Inpatient Care					
	#65	9 Room and Board					
	Basis :	7		Rate Ty	<u></u>		
l	Dasis .	_ Budget		X	Prospec	tive	
		Unaudited costs				ospective	
		Desk audited costs				tive Adjusted for	New costs
		Field audited costs				live Adjusted for	New costs
		Medicare - Prospective			 Interim		
	Х	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate				ent based on cos	ıts
		Marion				on basea on oos	
		Manon					
	Distribution			W.R	ydell Samuel, Ad	dministrator //	r R
	Fiscal Agent				-	oursement Analy	rsis
	Contract Mana	agement				•	
	Permanent File	е					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



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

Dy	Dynamic Health Centers				Pr	ovider	Number :	006309100	
					Da	ite : 09	9/26/2018		
280	06 W. US	S Highwa	ay 90, Suite 102		Fis	scal Ye	ear End : N	I/A	
Lal	ke City, F	FL 3205	554745		Au	idit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
	X	Rural H	Health Clinic				79.11	80.21	10/01/2018
		Swing-	Bed Provider						
		Federa	Illy Qualified Health Centers						
		Hospic	e Provider						
		#65	51 / H51 Routine Home Care (1-60)						
		#65	51a / H5L Routine Home Care (61 -	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Care	- SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	66 / H56 General Inpatient Care						
		#65	9 Room and Board						
ſ	Bas	sis :]	Ra	te Ty _l	pe:	7		
٠			Budget		Х		Prospect	ive	
-			Unaudited costs				Total Pro	spective	
-			Desk audited costs				- Prospect	ive Adjusted for	New costs
-			Field audited costs				_		
-			Medicare - Prospective	·			Interim		
)	X	Payment System Rate	·			Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cos	ts
•			Columbia				_		
	Distri	bution	<u> </u>		W.R [,]	vdell S	Samuel. Ad	ministrator M	
	Fiscal	Agent						oursement Analy	
	Contra	act Mana	agement					·,	
	Perma	nent Fil	e						
	Progra	am Deve	elopment:						



006441200 - 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

		_	modification For B	10111 114100 10	1 140	J <u>.</u>	titutionai	110110010	
Gι	ulf Coast	Healthca	re System		Pr	ovider	Number :	006441200	
Ur	gent and	Conveni	ient Care Center		Da	ate : 09	9/26/2018		
70	0 South	Main Stre	eet		Fis	scal Ye	ear End : N	I/A	
La	Belle, FL	339354	440		Αu	ıdit Sta	ntus : N/A		
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
	X	Rural H	lealth Clinic				79.11	80.21	10/01/2018
		Swing-	Bed Provider						
		Federa	lly Qualified Health Centers						
		Hospic	e Provider						
		#65	1 / H51 Routine Home Care (1-60	0)					
#651a / H5L Routine Home Care (61 +)				+)					
		#65	2 / H52 Continuous Home Care						
		#05	51 / 0561 Continuous Home Car	e - SIA					
		#65	5 / H55 Inpatient Respite Care						
		#65	6 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ba	sis :]	Rate	тур	pe:]		
			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cos	ts
			Hendry						
	Distr	ibution:		1 ,	N.R	vdell S	amuel. Ad	Iministrator #	ζ
	Fiscal	Agent		_				oursement Analy	sis
	Contra	act Mana	gement						
	Perma	anent File)						
	Progra	am Deve	lopment:						



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		Pro	vider Number :	006449300	
			te: 09/26/2018		
1125 South Sixth Avenue			cal Year End : N	/A	
Wauchula, FL 33873			dit Status : N/A	•	
Provider Type:			Current Rate	New Rate	Effective Date
X Rural Health Clinic			79.11	80.21	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 - SI	A				
#655 / H55 Inpatient Respite Care					
#656 / H56 General Inpatient Care					
#659 Room and Board					
Basis:	Rate	Тур	e :		
Budget	·	X	Prospecti	ve	
Unaudited costs			Total Pro	spective	
Desk audited costs			Prospect	ve Adjusted for	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	rim	
Average Nursing Home Rate			Settleme	nt based on cost	s
Hardee					
<u>Distribution:</u>	V	/.Ry	dell Samuel, Ad	ministrator #	
Fiscal Agent	_			ursement Analys	sis
Contract Management				•	
Permanent File					
Program Development:					



006480000 - 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

		-	Medicaid Keilibuiseilleilt Fei D	<u> </u>	tes ioi	INC	/11-11131	itutionai	FIOVICEIS	
Sur	Sunshine Pediatrics of Ocala, PA 1900 SW 20th Place Ocala, FL 344717870			Pro	ovider	Number :	006480000			
						Da	te : 09	/26/2018		
190	00 SW 2	20th Plac	е			Fis	cal Ye	ear End : N	I/A	
Oca	ala, FL	3447178	370			Au	dit Sta	itus : N/A		
Pro	vider 1	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	lealth Clinic					79.11	80.21	10/01/2018
		Swing-	Bed Provider							
		Federa	lly Qualified Health Centers							
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-6	0)						
	#651a / H5L Routine Home Care (61 +)									
	#652 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Car	re - SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :]		Rate	Тур	ре:]		
			Budget			Χ		Prospect	ive	
			Unaudited costs					Total Pro	spective	
			Desk audited costs					Prospect	ive Adjusted for	New costs
			Field audited costs					_		
			Medicare - Prospective					Interim		
_		Х	Payment System Rate					Total Inte	erim	
_			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Marion							
	Distr	ibution:	<u> </u>		V	۷.R۱	dell S	amuel, Ad	ministrator #	ζ
	Fisca	Agent			_				ursement Analy	sis
	Contr	act Mana	agement						·	
	Perm	anent File	е							
	Progr	am Deve	lopment:							



007197500 - 2018/10

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

Tallahassee, Florida 32308

Louis J. Radnothy, DO		······································	10. 110	in motitudional	10114010			
Lo	uis J. Radnothy,	DO		Pro	ovider Number :	007197500		
				Da	te: 09/26/2018			
39	0 S. Central Ave			Fis	scal Year End : N	I/A		
Un	natilla, FL 32784	2325						
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rural I	Health Clinic			79.04	80.15	10/01/2018	
	Swing-	-Bed Provider						
	Federa	Illy Qualified Health Centers						
	Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	51a / H5L Routine Home Care (61 +	.)					
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care	- SIA					
	#65	55 / H55 Inpatient Respite Care						
	#65	66 / H56 General Inpatient Care						
	#65	59 Room and Board						
	Basis :	7	Ra	ate Tvr	pe :			
١		_l Budget				ive		
		Unaudited costs	-					
•		Desk audited costs				•	New costs	
•		Field audited costs				•		
,		Medicare - Prospective			Interim			
	X	Payment System Rate			 Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	is	
		Lake						
	Distribution	<u>-</u>		W.Ry	/dell Samuel, Ad	ministrator	7	
	Fiscal Agent			Medi	caid Cost Reimb	ursement Analys	sis	
	Contract Mana	agement						
	Permanent Fil	e						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



007210600 - 2018/10

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

Tallahassee, Florida 32308

	Medicaid Neilliburseillent Fer Di	em Nates for N	<u>Oli-iliStitutioliai</u>	FIOVIUEIS	
Weirsdale Far	mily Health Center Inc.	P	rovider Number :	007210600	
		D	ate: 09/26/2018		
16400 South I	Highway 25	Fi	scal Year End : N	I/A	
Wiersdale, FL	321952442	A	udit Status : N/A		
Provider Typ	e:		Current Rate	New Rate	Effective Date
X R	ural Health Clinic		79.04	80.15	10/01/2018
S	wing-Bed Provider				
F	ederally Qualified Health Centers				
Н	ospice Provider				
	#651 / H51 Routine Home Care (1-60))			
	#651a / H5L Routine Home Care (61	+)			
	#652 / H52 Continuous Home Care				
	#0551 / 0561 Continuous Home Care	e - SIA			
	#655 / H55 Inpatient Respite Care				
	#656 / H56 General Inpatient Care				
	#659 Room and Board				
Basis	<u> </u>	Rate Ty	pe:		
	Budget	X	Prospect	ive	
	Unaudited costs		 Total Pro		
	 Desk audited costs			· ive Adjusted for I	New costs
	 Field audited costs			•	
	 Medicare - Prospective	-	Interim		
Х	Payment System Rate		 Total Inte	erim	
	Average Nursing Home Rate		Settleme	nt based on cost	S
	 Marion				
Distribu	ution:	<u> </u> WR	ydell Samuel, Ad	ministrator #	<u> </u>
Fiscal Ag	gent		licaid Cost Reimb		sis
Contract	Management				
Permane	ent File				
Program	Development:				
	For information Only (No Change in rate	e)			



007864900 - 2018/10

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

Tallahassee, Florida 32308

А١	Nomans Place, I	nc.		Р	rovide	r Number :	007864900	
				D	ate:0	9/26/2018		
14	15 NW 23rd Ave			Fi	iscal Y	ear End : N	I/A	
Ch	iefland, FL 3264	140058		Α	udit St	tatus : N/A		
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date
	X Rural I	Health Clinic				79.04	80.15	10/01/2018
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	+)						
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care	- SIA					
	#65	55 / H55 Inpatient Respite Care						
	#65	56 / H56 General Inpatient Care						
	#65	59 Room and Board						
	Basis :		Rate	Ty	/pe :	7		
		∟ Budget		X		→ Prospect	ive	
•		Unaudited costs				— Total Pro	spective	
•		Desk audited costs	-			— Prospect	ive Adjusted for	New costs
		Field audited costs						
		— Medicare - Prospective				 Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	sts
•		Levy				_		
	Distribution	<u>:</u>	<u> </u>	N.F	Rydell	Samuel, Ad	ministrator Th	 R
	Fiscal Agent		_				ursement Analy	/sis
	Contract Mana	agement					,	
	Permanent Fil	е						
	Program Deve	elopment:						
	Eori	nformation Only (No Change in rate)	١					



008004300 - 2018/10

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

Tallahassee, Florida 32308

Sa	cred Heart Medi	ical Group on the Gulf		F	Provid	er Number :	008004300	
					Date :	09/26/2018		
55	Avenue E			F	iscal	Year End : N	I/A	
Αp	oalachicola, FL 3	323201763		F	Audit S	Status : N/A		
Pr	ovider Type:				Cu	rrent Rate	New Rate	Effective Date
	Rural	Health Clinic				118.45	120.1	1 10/01/2018
	Swing	-Bed Provider						·
	Federa	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60))					
	#6	+)						
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rat	e T	ype :			
		 Budget		X		 Prospect	ive	
		Unaudited costs				— Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs				<u> </u>		
		Medicare - Prospective				 Interim		
	Χ	Payment System Rate	_			Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	its
		 Franklin						
	Distribution	<u></u>		W.	Rydel	l Samuel, Ad	ministrator M	 R
	Fiscal Agent						oursement Analy	rsis
	Contract Man	agement					·	
	Permanent Fi	le						
	Program Deve	elopment:						
	For	information Only (No Change in rate)	١					



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							
Ar	cher Far	nily Heal	th Care			Date:	09/26/2018					
16	939 SW	134th Av	ve		Fiscal Year End : N/A							
Ar	cher, FL	326185	413		,	Audit \$	Status : N/A					
Pr	ovider T	уре:				Cu	irrent Rate	New Rate	Effective Date			
	X	Rural H	lealth Clinic				79.04	80.15	10/01/2018			
		Swing-	Bed Provider									
		Federa	Illy Qualified Health Centers									
		Hospic	e Provider									
		#65	51 / H51 Routine Home Care (1-	60)								
		#65	61a / H5L Routine Home Care (6	i1 +)								
		#65	52 / H52 Continuous Home Care	;								
		#05	551 / 0561 Continuous Home Ca	re - SI	A							
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :]		Rate T	ype :						
,			Budget		X		Prospect	ive				
			Unaudited costs	_			Total Pro	spective				
			Desk audited costs	-			Prospect	ive Adjusted for	New costs			
			Field audited costs	-								
			Medicare - Prospective	-			Interim					
		Χ	Payment System Rate	-			Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cos	ts			
			Alachua									
	Distr	ibution			W.	Rvdel	I Samuel, Ad	Iministrator #				
	Fisca	l Agent						oursement Analy				
	Contr	act Mana	agement									
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									
	•											



008611300 - 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

Dr. [Dale Mitchun	n		Prov	vider Number :	008611300				
Sout	thern Health	Clinic		Date	ate: 09/26/2018					
2910) Hospital Di	rive		Fiscal Year End : N/A						
Boni	fay, FL 324	25		Aud	it Status : N/A					
Prov	/ider Type:				Current Rate	New Rate	Effective Date			
	X Rura	al Health Clinic			79.04	80.15	10/01/2018			
	Swii	ng-Bed Provider								
	Fed	erally Qualified Health Centers								
	Hos	pice 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							
	7	#655 / H55 Inpatient Respite Care								
	7	#656 / H56 General Inpatient Care								
	#	#659 Room and Board								
Γ	Basis :		Rate	Туре	e :					
_		Budget		Χ	Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	s			
		Washington								
	Distribution	l <u>on:</u>	V	V.Rvo	dell Samuel, Ac	Iministrator #	,			
	Fiscal Ager	nt	_			oursement Analys				
	Contract Ma	anagement								
	Permanent	File								
	Program De	evelopment:								



009115200 - 2018/10

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

Tallahassee, Florida 32308

OB	& GYN OF NI	E FL, PA			Pro	vider	· Number :	009115200	
					Da	te : 0	9/26/2018		
РС	Box 658				Fis	cal Y	ear End : N	I/A	
Pa	latka, FL 3217	770658			Au	dit St	atus : N/A		
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	X Rura	I Health Clinic					79.04	80.15	10/01/2018
	Swin	g-Bed Provider							
	Fede	rally Qualified Health Centers							
	Hosp	oice 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							
ſ	Basis :			Rate	Тур	e :	<u> </u>		
ַ		Budget	_		Х		⊐ Prospecti	ive	
-		Unaudited costs	_				– Total Pro	spective	
-		Desk audited costs					Prospect	ive Adjusted for	New costs
•		Field audited costs					_		
-		Medicare - Prospective					_ Interim		
	Χ	Payment System Rate					Total Inte	erim	
•		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Putnam					_		
	Distributio	<u>on:</u>	<u> </u>	V	V.Ry	dell S	Samuel, Ad	ministrator	ζ
	Fiscal Agent	t		N	Леdi	caid (Cost Reimb	ursement Analy	sis
	Contract Ma	nagement							
	Permanent F	File							
	Program De	velopment:							
	Fo	r information Only (No Change in rate))						



009615800 - 2018/10

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

Tallahassee, Florida 32308

Na	ture Coast Medic			Pro	ovider	Number :	009615800		
					Da	te : 09	9/26/2018		
13	0 SW 7th Street				Fis	cal Y	ear End : N	I/A	
Wi	lliston, FL 32696	52404			Au	dit Sta	atus : N/A		
Pre	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	X Rural H	lealth Clinic					79.04	80.15	10/01/2018
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	Hospic	e Provider							
	#65	1 / H51 Routine Home Care (1-60))						
	#65	1a / H5L Routine Home Care (61	+)						
	#65	2 / H52 Continuous Home Care							
	#05	51 / 0561 Continuous Home Care	- SIA	4					
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :	7	Γ	Rate	Тур	oe :	7		
Į		⊔ Budget			Х		⊐ Prospecti	ive	
•		Unaudited costs	_				– Total Pro	spective	
•		Desk audited costs	_				Prospect	ive Adjusted for	New costs
•		Field audited costs	_				_		
•		Medicare - Prospective	_				_ Interim		
	X	Payment System Rate	_				Total Inte	erim	
•		Average Nursing Home Rate	_				Settleme	nt based on cos	its
•		Levy	_				_		
	<u>Distribution</u> :	<u> </u>		\	W.Ry	/dell S	Samuel, Ad	ministrator d	 R
	Fiscal Agent			<u> </u>	/ledi	caid (Cost Reimb	ursement Analy	vsis
	Contract Mana	agement						·	
	Permanent File	е							
	Program Deve	elopment:							
	For ir	nformation Only (No Change in rate)						



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 D	<u>iem Ra</u>	ates for	NO	n-Institutional I	<u>Providers</u>	
Ma	agnolia Pediatric	s LLC			Pro	vider Number :	009634300	
					Dat	e: 09/26/2018		
11	40 SW Bascom	Norris Drive Ste 104			Fisc	cal Year End : N	/A	
La	ke City, FL 320	251329			Auc	dit Status : N/A		
Pr	ovider Type:					Current Rate	New Rate	Effective Date
	X Rural	Health Clinic				79.04	80.15	10/01/2018
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Car	e - SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :	7	Tr	Rate	Тур	e :		
'		Budget	-)	X	Prospect	ve	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ve Adjusted for I	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Columbia						
	Distribution	<u>ı:</u>	1	W	/.Rv	dell Samuel, Ad	ministrator	
	Fiscal Agent						ursement Analys	
	Contract Man	agement					, .	
	Permanent Fi	le						
	Program Dev	elopment:						



009872600 - 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

AID	S Healthcare Foundation				Provider Number : 009872600						
Pos	itive H	ealthcare	Mobile Clinic		Da	ate : 09	9/26/2018				
100	1 N Ma	artel Ave			Fi	scal Y	ear End : N	I/A			
Wes	st Holly	wood, C	A 900466611		Au	udit Sta	atus : N/A				
Pro	vider 7	Туре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic				79.05	80.16	10/01/2018		
		Swing-	-Bed Provider								
		Federa	ally Qualified Health Centers								
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60)							
		#65	51a / H5L Routine Home Care (61	+)							
		#65	52 / H52 Continuous Home Care								
		#05	551 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
Γ	Ва	asis :			Rate Ty	pe :]				
_			Budget		Х		Prospect	ive			
_			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cos	ts		
_			Escambia				_				
	Distr	ribution	<u>.</u>		W.R	vdell S	Samuel. Ad	ministrator #	ζ		
	Fisca	l Agent						ursement Analy			
	Contr	ract Mana	agement					,			
	Perm	anent Fil	е								
	Progr	ram Deve	elopment:								



010139400 - 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

Pic	neer H	ealth Allia	ance Inc			Pro	vider	Number :	010139400			
Su	mter Me	edical Ce	nter			Dat	e:09	/26/2018				
15	80 Sant	a Barbar	a Blvd, Ste B		Fiscal Year End : N/A							
Th	e Village	es, FL 3	21596828			Auc	lit Sta	tus : N/A				
Pr	ovider 1	Гуре:					Curre	ent Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic					79.15	80.2	6 10/01/2018		
		Swing	-Bed Provider									
		Federa	ally Qualified Health Centers									
		Hospic	ce Provider									
		#65	51 / H51 Routine Home Care (1-	60)								
		#65	51a / H5L Routine Home Care (6	i1 +)								
		#65	52 / H52 Continuous Home Care	}								
		#05	551 / 0561 Continuous Home Ca	are - SI	A							
		#65	55 / H55 Inpatient Respite Care									
		#65	56 / H56 General Inpatient Care									
		#65	59 Room and Board									
	Ва	sis :	7		Rate	Тур	e :]				
,			Budget			Χ		Prospect	ve			
•			Unaudited costs	_				Total Pro	spective			
•			Desk audited costs	-				Prospect	ve Adjusted fo	r New costs		
			Field audited costs					-				
•			Medicare - Prospective					Interim				
		Χ	Payment System Rate	-				Total Inte	rim			
•			Average Nursing Home Rate	-				Settleme	nt based on co	sts		
•			Sumter	-				-				
	Distr	ibution	<u>:</u>			V.Rv	dell S	amuel. Ad	ministrator	 F		
	Fisca	l Agent							ursement Anal	<u> </u>		
	Contr	act Mana	agement							, -		
	Perm	anent Fil	е									
	Program Development:											



010332700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Modical Rollingarcomone 1 of Br	om rated re		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	titutiona.	10114010			
He	althflo Medical C		Pro	ovider	Number :	010332700				
Bu	shnell Medical C	Clinic		Date: 09/26/2018						
11	7 W Belt Ave, St	e A		Fiscal Year End : N/A						
Bu	shnell, FL 3351	3		Au	dit Sta	itus : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	X Rural I	Health Clinic				80.58	81.71	10/01/2018		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60))							
	#6	51a / H5L Routine Home Care (61	+)							
	#6:	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :]	Rate	• Тур	oe :]				
'		Budget		Х		Prospect	ive			
		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs				=				
		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Sumter				_				
	Distribution	· ·	<u> </u>	۷.R۱	/dell S	amuel. Ad	ministrator #	ζ		
	Fiscal Agent		_				ursement Analy	sis		
	Contract Mana	agement					,			
	Permanent Fil	le								
	Program Deve									



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 I	Diem Rates to	r Nor	n-Institutional	<u>Providers</u>				
Grace Pediat	rics PL		Provider Number: 010633400						
			Dat	e: 09/26/2018					
4196 W US F	lighway 90 STE 105		Fisc	cal Year End : N	/A				
Lake City, FL	320558834		Aud	lit Status : N/A					
Provider Typ	oe:			Current Rate	New Rate	Effective Date			
X F	Rural Health Clinic			79.15	80.26	10/01/2018			
S	Swing-Bed Provider								
F	ederally Qualified Health Centers								
F	lospice Provider								
	#651 / H51 Routine Home Care (1-	60)							
	#651a / H5L Routine Home Care (6	61 +)							
	#652 / H52 Continuous Home Care)							
	#0551 / 0561 Continuous Home Ca	re - SIA							
	#655 / H55 Inpatient Respite Care								
	#656 / H56 General Inpatient Care								
	#659 Room and Board								
Basis	s:	Rate	туре	e :					
	Budget		Χ	Prospect	ve				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ve Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
Χ	Payment System Rate			Total Inte	rim				
	Average Nursing Home Rate			Settleme	nt based on cost	s			
	Columbia								
Distrib	ution:	I	N.Rvo	dell Samuel, Ad	ministrator	,			
Fiscal A	gent	_			ursement Analys				
Contract	t Management			-	,				
Perman	ent File								
Program	n Development:								



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 L	<u>lem F</u>	Rates for	Non	<u>n-Institutional</u>	<u>Providers</u>				
194 SW Wall Ter Lake City, FL 320255086 Provider Type: Current Rate New Rate Effective Date X Rural Health Clinic 79.15 80.26 10/01/2018 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #656 / H56 General Inpatient Care #659 Room and Board	Or	igins Fa	mily Med			Prov	vider Number :	010697700					
Lake City, FL 320255086 Provider Type: X Rural Health Clinic 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 - SIA #655 / H55 Inpatient Respite Care #659 Room and Board Rate Type: Desk audited costs Lunaudited costs Prospective Desk audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Columbia Pistribution: Fiscal Agent Contract Management Permanent File Rate Type: W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis							Date						
Provider Type: X Rural Health Clinic 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 - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type: X Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Columbia Contract Management Permanent File	19	4 SW W	all Ter				Fisc						
X Rural Health Clinic 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 #656 / H56 General Inpatient Care #659 Room and Board Rate Type: X Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File	La	ke City,	FL 3202	55086			Aud	it Status : N/A					
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 Rate Type:	Pr	ovider 7	Гуре:				(Current Rate	New Rate	Effective Date			
Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H52 Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #659 Room and Board Rate Type:		X	Rural F	lealth Clinic				79.15	80.26	10/01/2018			
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 #659 Room and Board Rate Type :			Swing-	Bed 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 #659 Room and Board Rate Type :			Federa	lly Qualified Health Centers									
#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 Rate Type:			Hospic	e Provider									
#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 :			#65	1 / H51 Routine Home Care (1-6	0)								
#0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type:			#65	1a / H5L Routine Home Care (6	1 +)								
#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis :			#65	2 / H52 Continuous Home Care									
#656 / H56 General Inpatient Care #659 Room and Board Basis :			#05	51 / 0561 Continuous Home Car	re - SI	A							
#659 Room and Board Basis :			#65	5 / H55 Inpatient Respite Care									
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			#65	6 / H56 General Inpatient Care									
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File Rock audited costs Frospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			#65	9 Room and Board									
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Ва	sis :]		Rate 1	Турє	e :					
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Settlement Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				Budget		×	X	Prospect	ive				
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•			Unaudited costs				Total Pro	spective				
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Settlement W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				Desk audited costs				Prospect	ive Adjusted for	New costs			
X Payment System Rate Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				Field audited costs									
Average Nursing Home Rate Columbia Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•			Medicare - Prospective				Interim					
Distribution: Fiscal Agent Contract Management Permanent File W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Χ	Payment System Rate				Total Inte	erim				
Distribution: Fiscal Agent Contract Management Permanent File W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				Average Nursing Home Rate				Settleme	nt based on cost	s			
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File				Columbia									
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File		Distr	ibution:			W	/.Ryc	dell Samuel, Ac	Iministrator #	<u> </u>			
Permanent File		Fisca	l Agent										
		Contr	act Mana	gement					·				
Program Development:		Perm	anent File	Э									
		Progr	am Deve	lopment:									



010748000 - 2018/10

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

Tallahassee, Florida 32308

		Medicaid Neimbursement Fer Diei	III Nates IOI IN	<u>OII-IIISIII</u>	utional	FIOVIUEIS	
Dynami	ic Health C	enters - Lake Butler	Р	rovider N	lumber :	010748000	
			D	ate : 09/2	26/2018		
10348	SW 32nd Av	/e	Fi	iscal Yea	r End : N	I/A	
Gaines	ville, FL 320	054	A	udit Statu	ıs : N/A		
Provide	er Type:			Currer	nt Rate	New Rate	Effective Date
X	Rural I	Health Clinic			79.15	80.26	10/01/2018
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	Hospid	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +))				
	#65	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care -	·SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :	7	Rate Ty	/pe:			
<u> </u>		_l Budget	X	_	Prospect	ive	
		Unaudited costs			Total Pro	spective	
-		Desk audited costs			Prospect	ive Adjusted for	New costs
-		Field audited costs					
		Medicare - Prospective		I	nterim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cos	ts
		 Union					
<u>Di</u>	stribution		W.R	Rydell Sai	muel, Ad	ministrator #	~
Fis	scal Agent					oursement Analy	sis
Co	ontract Mana	agement				·	
Pe	ermanent Fil	le					
Pr	ogram Deve	elopment:					
	For i	nformation Only (No Change in rate)					



010801000 - 2018/10

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

Tallahassee, Florida 32308

Williston Rural Health and Wellness Clinic				Provider Number: 010801000						
				Da	te : 09	/26/2018				
30	OA NW 1st Ave			Fis	Fiscal Year End : N/A					
Wi	lliston, FL 3269	6		Au	dit Sta	tus : N/A				
Pre	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	X Rural	Health Clinic				79.04	80.15	10/01/201		
	Swing	g-Bed Provider						'		
	Feder	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	-)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Тур	oe :]				
١		Budget		Χ		Prospect	ive			
•		Unaudited costs				- Total Pro	spective			
•		Desk audited costs				- Prospect	ive Adjusted for	New costs		
•		Field audited costs				-				
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
•		Levy				-				
	Distribution	<u>ı:</u>	V	V.Rv	/dell S	amuel. Ad	ministrator M	ζ		
	Fiscal Agent		_				ursement Analy	sis		
	Contract Man	agement					,			
	Permanent F	ile								
	Program Dev	elopment:								
	For information Only (No Change in rate)									



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

Ва	ker County Med	ical Services		Prov	vider Number :	010834300	
Ва	ker Rural Health	Clinic		Date	e: 09/26/2018		
159	9 N 3rd Street			Fisc	al Year End : N	I/A	
Ма	acclenny, FL 320	0632103		Aud	lit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic			118.45	120.10	10/01/2018
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	Hospie	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					1
	#6	51a / H5L Routine Home Care (61 +	.)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :		Rate	Туре	e :		
١		Budget	L	Χ	Prospect	ive	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
•		Average Nursing Home Rate			Settleme	nt based on cost	s
•		Baker					
	Distribution	<u> </u> :	V	V Rvo	dell Samuel, Ac	Iministrator #	
	Fiscal Agent	_	_			oursement Analys	
	Contract Mana	agement					
	Permanent Fil	le					
	Program Deve	elopment:					



010855400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Pre	emier Medical Pe	ediatric Clinic		Pro	vider	Number :	010855400	
				Dat	te : 09	9/26/2018		
31	5 East Ash Stree	ıt		Fis	cal Ye	ear End : N	/A	
Pe	rry, FL 3234720	29		Aud	dit Sta	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural I	Health Clinic				78.72	79.82	2 10/01/2018
	Swing-	Bed Provider					ı	
	Federa	Illy Qualified Health Centers						
	Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	-)						
	#65							
	#05	551 / 0561 Continuous Home Care	- SIA					
	#65	55 / H55 Inpatient Respite Care						
	#65	66 / H56 General Inpatient Care						
	#65	9 Room and Board						
[Basis :		Rate	Тур	e :	7		
		Budget		Χ		Prospecti	ve	
•		Unaudited costs				Total Pro	spective	
-		Desk audited costs				- Prospecti	ve Adjusted for	New costs
-		Field audited costs				_		
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
•		Average Nursing Home Rate				Settleme	nt based on cos	its
		Taylor				_		
	Distribution		V	W.Ry	dell S	Samuel, Ad	ministrator T	 R
	Fiscal Agent		_				ursement Analy	/sis
	Contract Mana	agement					•	
	Permanent File	e						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



012588500 - 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

		Modicala Rollingarcomont i of B	ioiii itato	0 101 110			10110010	
Εn	nory Medical	Corp		Pro	ovider	Number :	012588500	
Wo	omens Cente		Da	te : 09	/26/2018			
PC	Box 1646			Fis	cal Ye	ar End : N	I/A	
La	ke City, FL 3	320561646		Au	dit Sta	tus : N/A		
Pr	ovider Type:	.			Curre	ent Rate	New Rate	Effective Date
	X Ru	ral Health Clinic				79.15	80.26	10/01/2018
	Sw	ing-Bed Provider						
	Fed	derally Qualified Health Centers						
	Но	spice Provider						
		#651 / H51 Routine Home Care (1-6	0)					
		#651a / H5L Routine Home Care (61	+)					
		#652 / H52 Continuous Home Care						
		#0551 / 0561 Continuous Home Car	e - SIA					
		#655 / H55 Inpatient Respite Care						
		#656 / H56 General Inpatient Care						
		#659 Room and Board						
	Basis :		F	Rate Typ	e :]		
'		Budget		Х		Prospect	ive	
		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs				-		
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Bradford				_		
	Distribut	ion:	_	W.Rv	dell S	amuel. Ad	ministrator #	,
	Fiscal Age	ent					ursement Analys	sis
	Contract M	Management (,	
	Permanen	t File						
	Program D	Development:						



013075500 - 2018/10

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

Tallahassee, Florida 32308

Gr	aceville Family M	1edicine			Pro	ovider	Number :	013075500	
					Da	te : 09	9/26/2018		
PC	Box 36				Fis	cal Y	ear End : N	/A	
Gr	aceville, FL 3244	400036			Au	dit Sta	atus : N/A		
Pre	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	X Rural H	Health Clinic					79.15	80.20	6 10/01/2018
	Swing-	Bed Provider						,	
	Federa	Illy Qualified Health Centers							
	Hospic	ce Provider							
	#65	51 / H51 Routine Home Care (1-60))						
	#65	51a / H5L Routine Home Care (61 -	+)						
	#65	52 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care	- SIA	4					
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :		Г	Rate	Тур	ре :	7		
Į		⊒ Budget	_		X		⊒ Prospecti	ve	
•		Unaudited costs	_				– Total Pro	spective	
•		Desk audited costs	_				– Prospecti	ve Adjusted for	New costs
•		Field audited costs	_				_		
•		Medicare - Prospective	_				_ Interim		
	X	Payment System Rate	_				_ Total Inte	rim	
•		Average Nursing Home Rate	_				Settleme	nt based on cos	sts
•			_				_		
	Distribution	<u>:</u>	<u> </u>	V	V.Ry	/dell S	Samuel, Ad	ministrator (
	Fiscal Agent			N	Леdi	caid C	Cost Reimb	ursement Analy	ysis
	Contract Mana	agement							
	Permanent File	e							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate))						



014637300 - 2018/10

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

Tallahassee, Florida 32308

Fir	st Coast Obstetr	rics & Gyncology			Pro	ovider	Number :	014637300	
					Da	te : 09	9/26/2018		
PC	Box 519				Fis	cal Y	ear End : N	I/A	
Pa	latka, Fl 32178-	0519			Au	dit Sta	atus : N/A		
Pr	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic					79.15	80.25	10/01/2018
	Swing	-Bed Provider							·
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60))						
	#6	51a / H5L Routine Home Care (61	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SI	A					
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Swing-Bed Provider Federally Qualified Health Cer Hospice Provider #651 / H51 Routine Home (#651a / H5L Routine Home (#652 / H52 Continuous Home (#0551 / 0561 Continuous Home (#655 / H55 Inpatient Respire (#656 / H56 General Inpatien (#659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective (X Payment System Rate	7	Γ	Rate	Тур	oe :	7		
		∟ Budget			Χ		⊐ Prospect	ive	
•		Unaudited costs	_				– Total Pro	spective	
		Desk audited costs	-				– Prospect	ive Adjusted for	New costs
•		Field audited costs	_				_		
		Medicare - Prospective	_				_ Interim		
	Χ	Payment System Rate	_				Total Inte	erim	
•		Average Nursing Home Rate	_				Settleme	nt based on cos	ts
·		Putnam					_		
	Distribution	<u>:</u>		V	V.Ry	/dell S	Samuel, Ad	ministrator W	 R
	Fiscal Agent			<u> </u>	Леdi	caid (Cost Reimb	ursement Analy	rsis
	Contract Man	agement							
	Permanent Fi	le							
	Program Deve	elopment:							
	For i	information Only (No Change in rate)						



014683500 - 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	nter Pediatrio	CS CS		Prov	rider Number :	014683500	
Moł	nammad Afz	al		Date	e : 09/26/2018		
265	Citrus Towe	er Blvd Ste 102		Fisc	al Year End : N	I/A	
Cle	rmont, FI 34	711		Audi	t Status : N/A		
Pro	vider Type:			(Current Rate	New Rate	Effective Date
	X Rur	al Health Clinic			79.15	80.25	10/01/2018
	Swi	ng-Bed Provider					
	Fed	erally Qualified Health Centers					
	Hos	pice Provider					
		#651 / H51 Routine Home Care (1-60)				ı	ı
		#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					
ſ	Basis :	#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board	Rate	Туре):		
_		Budget		Χ	Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospecti	ive Adjusted for	New costs
_		Field audited costs					
_		Medicare - Prospective			Interim		
	Х	Payment System Rate			Total Inte	erim	
_		Average Nursing Home Rate			Settleme	nt based on cost	s
_		Sumter					
	Distributi	l <u>on:</u>	W	V.Rvd	lell Samuel, Ad	ministrator #	·
	Fiscal Ager	nt				ursement Analys	
	Contract M	anagement		-		, .	
	Permanent	File					
	Program D	evelopment:					



014789107 - 2018/10

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

Tallahassee, Florida 32308

Le	ort Myers, FL 33902-2147		Provide	r Number :	014789107				
				Date : 0	9/26/2018				
PC	Box 2147			Fiscal Y	ear End : I	N/A			
Fo	rt Myers, FL 33	902-2147		Audit St	atus : N/A				
Pre	ovider Type:			Curi	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				·	·		
	Swing	-Bed Provider							
	Provider Type: 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 - SI #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board								
	Provider Type: 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 - SL #655 / H55 Inpatient Respite Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate								
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	.)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate 1	ype :	7				
•		Budget	×		Prospec	tive			
		Unaudited costs			Total Pro	ospective			
		Desk audited costs			Prospec	tive Adjusted f	or New costs		
		Field audited costs			_				
•		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Int	erim			
		Average Nursing Home Rate			Settleme	ent based on c	osts		
		Lee							
	Distribution		W	Rydell	Samuel, A	dministrator	T		
	Fiscal Agent					bursement Ana			
	Contract Man	agement					-		
	Permanent Fi	le							
	Program Dev	elopment:							
	For	information Only (No Change in rate)							



015048100 - 2018/10

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

Tallahassee, Florida 32308

	•	modical Rollingar Compiler Co. Dio	III I Katoo		miotrational	10110010	
Nor	th Florida Pedia	trics-Columbia Co		Pro	ovider Number :	015048100	
				Da	te: 09/26/2018		
185	9 SW Newland	Way		Fis	scal Year End : N	I/A	
Lak	e City, FI 32025	5		Au	dit Status : N/A		
Pro	vider Type:				Current Rate	New Rate	Effective Date
	X Rural H	Health Clinic			79.14	80.24	10/01/2018
	Swing-	Bed Provider					
	Federa	Illy Qualified Health Centers					
	Hospic	ce Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	ake City, FI 32025 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 + 4652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Suwannee Distribution:		-)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	66 / H56 General Inpatient Care					
	#65	9 Room and Board					
ſ	Basis :	7	Ra	ate Typ	oe :		
L		_l Budget		X	 Prospect	ive	
_		Unaudited costs			 Total Pro	spective	
-		Desk audited costs			Prospect	ive Adjusted for	New costs
-		Field audited costs					
-		– Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
-		Average Nursing Home Rate			Settleme	nt based on cost	ts
_		Suwannee					
	Distribution	<u> </u>		W.R\	ydell Samuel, Ad	ministrator #	
	Fiscal Agent				caid Cost Reimb		sis
	Contract Mana	agement				,	
	Permanent File	e					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



015420600 - 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

Phy	sicians	Assistar	nt Services		Pro	ovider	Number :	015420600	
Citr	a Famil	y Health			Da	te : 09	/26/2018		
Physicians Assistant Services Citra Family Health 17805 N US Hwy 301 Citra, Fl 32113 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #652 / H52 Continuous Home Care				Fis	cal Ye	ar End : N	I/A		
Citr	a, Fl 3	2113			Au	dit Sta	itus : N/A		
Pro	vider 1	уре:				Curre	ent Rate	New Rate	Effective Date
	X	Rural I	Health Clinic				78.79	79.90	10/01/2018
		Swing	-Bed Provider						
		Federa	ally Qualified Health Centers						
		Hospic	ce Provider						
		#65	51 / H51 Routine Home Care (1-60))					'
		#65	51a / H5L Routine Home Care (61	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Care	- SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#65	59 Room and Board						
Γ	Ва	Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-6	F	Rate Typ	oe :]			
_			Budget		Х		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
_			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cos	ts
			Marion						
	Distr	ibution	<u>.</u>	1	W.R	/dell S	amuel, Ad	ministrator #	ζ
	Fisca	Agent						ursement Analy	
	Contr	act Mana	agement					,	
	Perm	anent Fil	е						
	Progr	am Deve	elopment:						



016431000 - 2018/10

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

Tallahassee, Florida 32308

Pre	mier Pediatric	s-Silver Springs		Pro	vider l	Number :	016431000	
				Dat	te: 09	/26/2018		
796	60 SW 60th Av	ve Ste 1		Fis	cal Ye	ar End : N	I/A	
Oc	ala, Fl 34476	Date: 09/26/2018 Fiscal Year End: N/A Audit Status: N/A Current Rate						
Pro	vider Type:				Curre	nt Rate	New Rate	Effective Date
	X Rura	l Health Clinic				79.11	80.22	2 10/01/2018
	Swin	g-Bed Provider						<u>'</u>
	Fede	rally Qualified Health Centers						
	Hosp	oice Provider						
	#	651 / H51 Routine Home Care (1-60)						
	#	651a / H5L Routine Home Care (61 -	+)					
	#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - 9 #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care							
	#	0551 / 0561 Continuous Home Care	- SIA					
	#	655 / H55 Inpatient Respite Care						
	#	656 / H56 General Inpatient Care						
	#	659 Room and Board						
ſ	Basis :		Rate	Тур	e :			
		Budget		Χ		Prospecti	ive	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				Prospecti	ive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
_		Average Nursing Home Rate				Settleme	nt based on cos	sts
_		Marion						
	Distributio	<u>n:</u>	<u> </u>	V.Ry	dell Sa	amuel, Ad	ministrator a	 R
	Fiscal Agent	i e	_				ursement Analy	/sis
	Contract Ma	nagement					ĺ	
	Permanent F	File						
	Program De	velopment:						
	For information Only (No Change in rate))					



016554200 - 2018/10

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

Tallahassee, Florida 32308

	-	modicala Rombarcomont For Bio	min itatoo i	<u> </u>	in montanoman	T TO VIGOTO	
SN	IC Holding Co			Pro	ovider Number :	016554200	
Cit	ra Family Hlth			Da	te: 09/26/2018		
X Rural Health Clinic 79.12 80.23 10/ 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 Rate Type: Unaudited costs							
Cit	ra, Fl 32113			Au	dit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural H	lealth Clinic			79.12	80.23	10/01/2018
	Swing-	Bed Provider					
	Federa	Ily Qualified Health Centers					
	Hospic	e Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	61a / H5L Routine Home Care (61 -	+)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	66 / H56 General Inpatient Care					
	#65	9 Room and Board					
	Basis :	7	Rat	e Tvr	pe :		
		_l Budget				ive	
		_ '					
		Desk audited costs			Prospect	ive Adjusted for	New costs
		 Field audited costs 				•	
		– Medicare - Prospective			Interim		
	X	Payment System Rate			 Total Inte	erim	
		 Average Nursing Home Rate 			Settleme	nt based on cost	s
		 Marion					
	Distribution			W R	/dell Samuel, Ad	ministrator #	?
	Fiscal Agent				caid Cost Reimb		sis
	Contract Mana	agement			2	and some street, and sy	
	Permanent File						
	Program Deve	elopment:					
	_	nformation Only (No Change in rate))				
		, \					



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 O	ak		F	Provider	Number :	016770200				
Hamilto	on Primary C	Care		Date : 09	9/26/2018					
1150 L	JS Hwy 41 N	W STE 11	F	Fiscal Year End : N/A						
Jasper	, FI 32052		,	Audit Sta	atus : N/A					
Provid	ler Type:			Curr	ent Rate	New Rate	Effective Date			
Х	Rural I	Health Clinic			79.11	80.22	10/01/2018			
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care -	SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :		Rate T	уре :]					
		Budget	X		Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs			-					
		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	ts			
		Suwannee								
D	istribution	<u> </u>	W	Rvdell S	Samuel Ad	ministrator #	<u> </u>			
	iscal Agent	_				oursement Analys	sis			
	-		.,,,	alouid C		a. Join one / mary				
С	ontract Mana	agement								
	ontract Mana ermanent Fil									



017470000 - 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

High	Spring	gs Pedia	trics		Pr	ovider	Number :	017470000				
			& Primary Care				9/26/2018					
		140th St	·		Fiscal Year End : N/A							
Alach	nua, Fl	32615			Αι	Audit Status : N/A						
Prov	ider T	уре:				Curr	ent Rate	New Rate	Effective Date			
	X	Rural H	lealth Clinic				79.11	80.22	10/01/2018			
		Swing-	Bed Provider									
		Federa	lly Qualified Health Centers									
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60))								
		#65	1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Care	e - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
Г	Bas	sis :]		Rate Ty	pe:	7					
_			Budget		Х		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				- Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
	2	X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cos	ts			
			Alachua				_					
	Distri	bution:		1	W.R	vdell S	Samuel. Ad	ministrator M				
	Fiscal	Agent				-		ursement Analy				
	Contra	act Mana	agement					·,				
	Perma	anent File	е									
	Progra	am Deve	lopment:									

For information Only (No Change in rate)



018056100 - 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

	Jay	/ Hospi	tal			F	rovide	Number :	018056100			
Century, FI 32535 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #659 Room and Board Rate Type: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Average Nursing Home Rate Current Rate New Rate Effective Date Federally Qualified Effective Date Reffective Date Federally New Rate Federally Qualified Costs Federally Qualified Health Centers Refer Type: Total Prospective Interim Total Interim Settlement based on costs	Ва	ptist Me	edical Gro	oup-Century		С	ate : 0	9/26/2018				
Provider Type: X Rural Health Clinic 79.11 80.22 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 #659 Room and Board Rate Type:	84	01 N C	entury Bl	_VD		F	Fiscal Year End : N/A					
X Rural Health Clinic 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 #655 / H55 Inpatient Respite Care #659 Room and Board Rate Type: Budget	Се	ntury, F	1 32535			Δ	udit St	atus : N/A				
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 #659 Room and Board Rate Type:	Pre	ovider ⁻	Гуре:				Curi	ent Rate	New Rate	Effective Date		
Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H52 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 Rate Type: X Prospective Unaudited costs Total Prospective Desk audited costs Prospective Adjusted for New costs Field audited costs Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs		X	Rural I	Health Clinic				79.11	80.22	10/01/2018		
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 #659 Room and Board Basis:			Swing	-Bed 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 Rate Type :			Federa	ally Qualified Health Centers								
#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 Rate Type :			Hospic	ce Provider								
#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #659 Room and Board Basis:			#6	51 / H51 Routine Home Care (1-6	0)							
#0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type :			#65	51a / H5L Routine Home Care (61	1 +)							
#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis :			#6	52 / H52 Continuous Home Care								
#656 / H56 General Inpatient Care #659 Room and Board Basis :			#0	551 / 0561 Continuous Home Car	re - SIA							
#659 Room and Board Basis :			#65	55 / H55 Inpatient Respite Care								
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Rate Type: X Prospective Total Prospective Prospective Interim Total Interim Settlement based on costs			#65	56 / H56 General Inpatient Care								
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Prospective Total Prospective Prospective Interim Total Interim Settlement based on costs			#6	59 Room and Board								
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Prospective Prospective Interim Total Interim Settlement based on costs		Ва	nsis :		Rat	e T	ype :	1				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Prospective Adjusted for New costs Interim Total Interim Settlement based on costs	'			Budget		X		□ Prospect	ive			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Field audited costs Interim Total Interim Settlement based on costs				Unaudited costs				Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Interim Total Interim Settlement based on costs				Desk audited costs				Prospect	ive Adjusted for	New costs		
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	•			Field audited costs				_				
Average Nursing Home Rate Settlement based on costs	•			Medicare - Prospective				_ Interim				
			Χ	Payment System Rate	-			Total Inte	erim			
Escambia	•			Average Nursing Home Rate	-			Settleme	nt based on cos	ts		
	•			Escambia				_				
<u>Distribution:</u> W.Rydell Samuel, Administrator		Dist	ribution	<u>.</u>		W.F	Rvdell S	Samuel. Ad	Iministrator #			
Fiscal Agent Medicaid Cost Reimbursement Analysis		Fisca	l Agent							sis		
Contract Management		Conti	act Mana	agement								
Permanent File		Perm	anent Fil	е								
Program Development:		Prog	am Deve	elopment:								

For information Only (No Change in rate)



018968900 - 2018/10

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

Tallahassee, Florida 32308

Fai	mily & After Hou	rs Care			Pro	vider	Number :	018968900	
					Dat	te : 09	9/26/2018		
14	13 NW 23rd Ave				Fis	cal Ye	ear End : N	I/A	
Ch	iefland, FI 3262	6			Aud	dit Sta	ntus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	X Rural I	Health Clinic					79.11	80.22	10/01/2018
	Swing-	-Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospic	ce Provider							
	#65	51 / H51 Routine Home Care (1-60)							
	#65	51a / H5L Routine Home Care (61 +	-)						
	#65	52 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care	- SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	56 / H56 General Inpatient Care							
	#65	59 Room and Board							
ſ	Basis :]	Ra	ate	Тур	e :]		
ָ 		Budget			Χ		ם Prospecti	ive	
-		Unaudited costs					- Total Pro	spective	
•		Desk audited costs					Prospecti	ive Adjusted for	New costs
-		Field audited costs					_		
-		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cos	sts
		Levy							
	Distribution	<u>.</u> <u>:</u>		V	V.Ry	dell S	amuel, Ad	ministrator <i>d</i>	
	Fiscal Agent			N	/ledic	caid C	ost Reimb	ursement Analy	vsis
	Contract Mana	agement						•	
	Permanent Fil	e							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)							



019432300 - 2018/10

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

Tallahassee, Florida 32308

No	rth Florida Pedia	h Florida Pediatrics-Cross City			Provider Number: 019432300						
				Da	te : 09	/26/2018					
149	9 NE 241st St St	te A		Fiscal Year End : N/A							
Cro	oss City, FI 326	28		Au	dit Sta	itus : N/A					
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	X Rural	Health Clinic				79.11	80.22	10/01/201			
	Swing	-Bed Provider									
	Federa	ally Qualified Health Centers									
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 -	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Тур	ре :]					
١		Budget		Χ		Prospecti	ive				
•		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospecti	ive Adjusted for	New costs			
•		Field audited costs				_					
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cos	its			
		Dixie									
	Distribution	<u>.</u> <u>:</u>	V	V.Ry	/dell S	amuel, Ad	ministrator W	r			
	Fiscal Agent		_				ursement Analy	/sis			
	Contract Mana	agement					,				
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate))								



019474000 - 2018/10

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

Tallahassee, Florida 32308

Div	aker Pediatrics			Provider Number : 019474000							
					Da	te : 09	9/26/2018				
65	51 N Orange Blo	ssom Trl		Fiscal Year End : N/A							
Мо	ount Dora, Fl 32	757			Audit Status : N/A						
Pro	ovider Type:					Curr	ent Rate	New Rate	ı	Effective Date	
	X Rural I	Health Clinic					79.11	80.	22	10/01/2018	
	Swing	-Bed Provider									
	Federa	ally Qualified Health Centers									
	Hospid	ce Provider									
	#65	51 / H51 Routine Home Care (1-60))								
	#65	51a / H5L Routine Home Care (61 -	+)								
	#65	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA	4							
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
[Basis :		Γ	Rate	тур	e :	7				
ι		∟ Budget	╽		Х		⊐ Prospecti	ive			
•		Unaudited costs	_				– Total Pro	spective			
•		Desk audited costs	_				- Prospecti	ive Adjusted f	or N	ew costs	
•		Field audited costs	_				_				
•		Medicare - Prospective	_				_ Interim				
	X	Payment System Rate	_				_ Total Inte	erim			
•		Average Nursing Home Rate	_				Settleme	nt based on c	osts		
•		Lake	_				_				
	Distribution	<u>:</u>	<u> </u>	V	N.Ry	dell S	Samuel, Ad	ministrator	TR		
	Fiscal Agent			<u> </u>	Medi	caid C	Cost Reimb	ursement Ana	alysi	 S	
	Contract Mana	agement									
	Permanent Fil	е									
	Program Deve	elopment:									
	For i)									



023548300 - 2018/10

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

Tallahassee, Florida 32308

I/i a	da Llaalth Alliana	2 D A	TIT I CALC	D#/	ovider Number :	022549200					
NIC	ds Health Alliance	ಕ, P.A.				U233463UU					
200	EO NIM On d Chro	At Cuite 400			ite : 09/26/2018 scal Year End : N	1/A					
	50 NW 2nd Stree	et Suite 100									
Oc	ala, FL 34475			Au	dit Status : N/A						
Pro	ovider Type:				Current Rate	New Rate	Effective Date				
	X Rural H	Health Clinic			79.11	80.22	10/01/2018				
	Swing-	Bed Provider									
	Federa	Illy Qualified Health Centers									
	Hospid	e Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (61 +	-)								
	#65	52 / H52 Continuous Home Care									
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	66 / H56 General Inpatient Care									
	#65	9 Room and Board									
	Basis :	7		Doto Tva							
l	Da515 .	Budget		Rate Typ	Prospect	ivo					
		Unaudited costs		^							
		Desk audited costs			Total Pro	•	Now costs				
		Field audited costs			Prospect	ive Adjusted for	New Costs				
					 Interim						
	V	Medicare - Prospective			Total Inte	arino.					
	X	Payment System Rate									
		Average Nursing Home Rate Marion			Settlerne	nt based on cost	ıs				
		iviarion									
	<u>Distribution</u> :	<u>.</u>		W.R	ydell Samuel, Ad	ministrator #	?				
	Fiscal Agent				caid Cost Reimb		sis				
	Contract Mana	agement				.,					
	Permanent File	е									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



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

		-	modical Comparison on E	<u> </u>	100 101 11	<u> </u>	- CICACIOIIAI	1 10114010				
No	rthwest I	Florida H	lealthcare		Provider Number: 023710500							
Ch	ipley Me	dical Gr	oup		Da	Date: 09/26/2018						
13	76 Bricky	yard Rd	Ste 4		Fi	Fiscal Year End : N/A						
Ch	ipley, FL	32428			Audit Status : N/A							
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
	Х	Rural H	lealth Clinic				78.82	79.92	10/01/2018			
		Swing-	Bed Provider									
		Federa	lly Qualified Health Centers									
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	iO)								
		#65	i1a / H5L Routine Home Care (6 ²	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Car	re - SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :]		Rate Ty	pe :						
			Budget		Х		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
	,	X	Payment System Rate	_			Total Inte	erim				
			Average Nursing Home Rate	_			Settleme	nt based on cos	ts			
			Washington									
	Distri	ibution	<u>.</u>		W.R	vdell S	Samuel. Ad	Iministrator #	ζ			
	Fiscal	Agent						oursement Analy	sis			
	Contra	act Mana	agement					,				
	Perma	anent File	е									
	Progra	am Deve	lopment:									

For information Only (No Change in rate)



029506000 - 2018/10

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

Tallahassee, Florida 32308

Tre	enton Medical Co	enter		Pro	vider	Number :	029506000	
				Da	te : 09	9/26/2018		
91	1 S. Main St			Fis	cal Y	ear End : N	I/A	
Tre	enton, FL 32693	3		Au	dit Sta	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic				84.69	85.87	7 10/01/2018
	Swing	-Bed Provider						<u>'</u>
	Federa	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :	7	Rate	Тур	e :	7		
ָ י		 Budget		Х		⊐ Prospect	ive	
•		Unaudited costs				– Total Pro	spective	
•		Desk audited costs				- Prospect	ive Adjusted for	New costs
•		Field audited costs				_		
•		Medicare - Prospective				_ Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	sts
•		Collier						
	Distribution		V	V.Ry	dell S	Samuel, Ad	ministrator W	 R
	Fiscal Agent		_				ursement Analy	/sis
	Contract Man	agement					•	
	Permanent Fi	le						
	Program Deve	elopment:						
	For i	information Only (No Change in rate)						



029511600 - 2018/10

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

dicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		-	Medicaid Reimbursement Per L	<u> Diem Rates f</u>	or No	<u>on-Ins</u>	titutional	<u>Providers</u>			
AC	CV Comi	munity Se	ervices		Provider Number : 029511600						
					Da	ate : 09	9/26/2018				
PC	Box 46	675			Fiscal Year End : N/A						
Do	wling Pa	ark, FL 3	2064		Αι	Audit Status : N/A					
Pr	ovider 7	Гуре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic				77.66	78.75	10/01/2018		
		Swing-	Bed Provider								
		Federa	Ily Qualified Health Centers								
		Hospic	e Provider								
		#65	51 / H51 Routine Home Care (1-6	30)							
		#65	1a / H5L Routine Home Care (6	1 +)							
		#65	2 / H52 Continuous Home Care	;							
		#05	51 / 0561 Continuous Home Ca	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	ısis :	1	Ra	te Ty	pe:]				
'			Budget		Χ		Prospect	ive			
'			Unaudited costs				Total Pro	spective			
'			Desk audited costs				- Prospect	ive Adjusted for I	New costs		
'			Field audited costs				_				
'			Medicare - Prospective				_ Interim				
		X	Payment System Rate				Total Inte	erim			
'			Average Nursing Home Rate				Settleme	nt based on cost	s		
'			Not Selected				_				
	Distr	<u>ibution:</u>	<u>.</u>		W.R	vdell S	Samuel, Ad	ministrator	•		
	Fisca	I Agent						ursement Analys			
	Contr	act Mana	agement					,			
	Perm	anent File	е								
	Progr	am Deve	lopment:								

_ For information Only (No Change in rate)



060245101 - 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

Acorn Rural Health Clinic		Pro	wider N	lumber : i	060245101			
Acom Rural Fleatin Gillic				26/2018	000243101			
23320 North State Road 235					//^			
		Fiscal Year End : N/A Audit Status : N/A						
Brooker, FL 32622		Au	uii Siaii	us . IN/A				
Provider Type:			Currer	nt Rate	New Rate	Effective Date		
X Rural Health Clinic				81.88	83.03	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	Тур	e:					
Budget		Χ		Prospecti	ve			
Unaudited costs				Total Pro	spective			
Desk audited costs				Prospecti	ve Adjusted for	New costs		
Field audited costs								
Medicare - Prospective				Interim				
X Payment System Rate				Total Inte	rim			
Average Nursing Home Rate				Settleme	nt based on cos	ts		
Bradford								
<u>Distribution:</u>	V	/.Ry	dell Sa	muel, Ad	ministrator	ζ		
Fiscal Agent	_				ursement Analy	sis		
Contract Management					•			
Permanent File								
Program Development:								

_ For information Only (No Change in rate)



063363101 - 2018/10

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

Tallahassee, Florida 32308

Kid's Ca	s Care Pediatrics			Provider Number : 063363101							
				Dat	e: 09/26/2018						
6910 Old	d Wolf Bay	Rd		Fisc	cal Year End : I	N/A					
Palatka,	FL 32177			Audit Status : N/A							
Provide	r Type:				Current Rate	New Rate	Effective Date				
Х	Rural F	lealth Clinic			83.18	84.34	10/01/2018				
	Swing-	Bed Provider					<u>'</u>				
	Federa	lly Qualified Health Centers									
	Hospic	e Provider									
	#65	1 / H51 Routine Home Care (1-60)									
	#65	1a / H5L Routine Home Care (61 +	+)								
	#65	2 / H52 Continuous Home Care									
	#05	51 / 0561 Continuous Home Care	- SIA								
	#65	5 / H55 Inpatient Respite Care									
	#65	6 / H56 General Inpatient Care									
	#65	9 Room and Board									
E	Basis :	7	Rate	Тур	e :						
		Budget		Χ	——— Prospec	tive					
		Unaudited costs			Total Pro	ospective					
		Desk audited costs			Prospec	tive Adjusted for	New costs				
		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Int	erim					
		Average Nursing Home Rate			Settleme	ent based on cos	sts				
		Putnam									
Dis	stribution:		l V	W.Ry	dell Samuel, A	dministrator The	 R				
Fisc	cal Agent		_			bursement Analy	/sis				
Cor	ntract Mana	agement				ĺ					
Per	manent File	е									
Pro	gram Deve	lopment:									
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251469901 - 2018/10

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

Tallahassee, Florida 32308

			Medicaid Neillibursement Fer Dien	ii Nates ioi i	1011-11	istitutionai	FIOVIUEIS					
Hea	ırtland	Pediatric	s of Lake Wales	Provider Number : 251469901								
					Date: 09/26/2018							
135	4 State	Road 60) East	F	iscal	Year End : N	I/A					
Lak	e Wale	s, Fl 338	353	P	Audit Status : N/A							
Pro	vider 1	Гуре:			Cu	rrent Rate	New Rate	Effective Date				
	X	Rural H	Health Clinic			73.84	74.88	10/01/2018				
		Swing-	Bed Provider									
		Federa	Illy Qualified Health Centers									
		Hospic	e Provider									
		#65	51 / H51 Routine Home Care (1-60)									
		#65	51a / H5L Routine Home Care (61 +)									
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Care -	SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
Γ	Ва	sis :	7	Rate T	vpe :	$\overline{}$						
L			_l Budget	X		l Prospect	ive					
_			Unaudited costs			— Total Pro	spective					
-			Desk audited costs			— Prospect	ive Adjusted for	New costs				
_			Field audited costs									
_			Medicare - Prospective			 Interim						
		Χ	Payment System Rate			— Total Inte	erim					
_			Average Nursing Home Rate			Settleme	nt based on cost	s				
-			Polk									
	Distr	ibution		W.	Rydell	Samuel, Ac	Iministrator	?				
	Fisca	l Agent		Me	dicaid	Cost Reimb	oursement Analys	sis				
	Contr	act Mana	agement				·					
	Perm	anent Fil	e									
	Progr	am Deve	elopment:									
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Program Development:

__ For information Only (No Change in rate)

Florida Agency for Health Care Administration

253535101 - 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 I	<u>von-Institutional</u>	<u>Providers</u>	
Heartland Pedia	trics of L. P	F	Provider Number :	253535101	
			Date: 09/26/2018		
344 East Royal I	Palm St, Ste 3	F	iscal Year End : I	V/A	
Lake Placid, Fl	33852	P	Audit Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
X Rura	al Health Clinic		73.83	74.87	10/01/2018
Swi	ng-Bed Provider				
Fed	erally Qualified Health Centers				
Hos	pice Provider				
ŧ	#651 / H51 Routine Home Care (1-60)				
‡	#651a / H5L Routine Home Care (61 +)				
į	#652 / H52 Continuous Home Care				
;	#0551 / 0561 Continuous Home Care - S	SIA			
‡	#655 / H55 Inpatient Respite Care				
;	#656 / H56 General Inpatient Care				
‡	#659 Room and Board				
Basis :		Rate T	ype :		
	Budget	Х	Prospec	tive	
	Unaudited costs		Total Pro	ospective	
	Desk audited costs		Prospec	tive Adjusted for	New costs
	Field audited costs				
	Medicare - Prospective		Interim		
X	Payment System Rate		Total Int	erim	
	Average Nursing Home Rate		Settleme	ent based on cos	ts
	Highlands				
Distribution	<u>on:</u>	W.	Rydell Samuel, A	dministrator #	ζ
Fiscal Ager	nt		dicaid Cost Reim		
Contract Ma	anagement				
Permanent	File				



253668401 - 2018/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		modical Rollingar Comone For Bio	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u> TOVIGOTO</u>			
Нє	endry Family Car	e Ctr		Pr	ovider	Number :	253668401			
Fo	rbes Family Car	e Ctr		Da	ate : 09	9/26/2018				
50	0 West Sagamo	re Ave		Fiscal Year End : N/A						
Cl	ewiston, FI 3344	10		Αu	ıdit Sta	atus : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				144.48	146.51	10/01/2018		
	Swing	-Bed Provider					1			
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Ту	pe:]				
		Budget		Χ		Prospect	ive			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Hendry								
	Distribution		\	۷.R ^۰	vdell S	Samuel, Ad	ministrator #	~		
	Fiscal Agent		_				oursement Analy	sis		
	Contract Man	agement								
	Permanent Fi	le								
	Program Dev	elopment:								

For information Only (No Change in rate)



259715200 - 2018/10

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

MIC Trust	
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
X Rural Health Clinic 79.33 8	0.44 10/01/2018
Swing-Bed Provider	<u>'</u>
Federally Qualified Health Centers	
Hospice Provider	
#651 / H51 Routine Home Care (1-60)	
#651a / H5L Routine Home Care (61 +)	
#652 / H52 Continuous Home Care	
#0551 / 0561 Continuous Home Care - SIA	
#655 / H55 Inpatient Respite Care	
#656 / H56 General Inpatient Care	
#659 Room and Board	
Basis : Rate Type :	
Budget X Prospective	
Unaudited costs Total Prospective	
Desk audited costs Prospective Adjusted	I for New costs
Field audited costs	
Medicare - Prospective Interim	
X Payment System Rate Total Interim	
Average Nursing Home Rate Settlement based on	costs
Highlands	
<u>Distribution:</u> W.Rydell Samuel, Administrator	
Fiscal Agent Medicaid Cost Reimbursement A	 nalysis
Contract Management	·
Permanent File	
Program Development:	

_ For information Only (No Change in rate)



259716100 - 2018/10

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

caid Reimbursement Per Diem Rates for Non-Institutional Providers

21		Medicaid Reimbursement Per D	<u>iem Rates for</u>	r Noi	<u>n-Institutional l</u>	<u>Providers</u>	
Sebring, FI 33870 Provider Type: Current Rate X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H52 Continuous Home Care #0551 / 1056 Continuous Home Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Pistribution: Fiscal Agent Contract Management Permanent File Current Rate Rate Syla Rate Type: X Prospective Interim Settlement based on costs Medicaid Cost Reimbursement Analysis	Sebring N	Medical Walk-In Clinic		Pro	vider Number :	259716100	
Sebring, FI 33870 Provider Type: X Rural Health Clinic 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 - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type: Desk audited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Pistribution: Fiscal Agent Contract Management Permanent File Rure Type: X Prospective Total Prospective Adjusted for New costs Interim Total Interim W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				Dat	e: 09/26/2018		
Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651 / H51 Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type: X Prospective Total Prospective Desk audited costs Desk audited costs Field audited costs Medicare - Prospective X Prospective Adjusted for New costs Interim X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File	343 Sout	th Commerce Ave		Fisc	cal Year End : N	/A	
X Rural Health Clinic 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 #656 / H56 General Inpatient Care #659 Room and Board Rate Type: X Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File	Sebring,	FI 33870		Auc	lit Status : N/A		
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 #659 Room and Board Rate Type :	Provider	Туре:			Current Rate	New Rate	Effective Date
Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H52 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 Rate Type :	Х	Rural Health Clinic			75.56	76.62	10/01/2018
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 #659 Room and Board Rate Type :		Swing-Bed 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 #659 Room and Board Basis:		Federally Qualified Health Centers					
#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 Rate Type:		Hospice Provider					
#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 Rate Type:		#651 / H51 Routine Home Care (1-6	0)				
#0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type :		#651a / H5L Routine Home Care (61	+)				
#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis :		#652 / H52 Continuous Home Care					
#656 / H56 General Inpatient Care #659 Room and Board Basis :		#0551 / 0561 Continuous Home Car	e - SIA				
#659 Room and Board Basis :		#655 / H55 Inpatient Respite Care					
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		#656 / H56 General Inpatient Care					
Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File X Prospective Total Prospective Prospective Adjusted for New costs Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		#659 Room and Board					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	В	Basis:	Rate	Тур	e :		
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Budget		Χ	Prospect	ve	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Unaudited costs			Total Pro	spective	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Desk audited costs			Prospect	ve Adjusted for I	New costs
X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Field audited costs					
Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Medicare - Prospective			Interim		
Highlands Distribution: Fiscal Agent Contract Management Permanent File W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		X Payment System Rate			Total Inte	rim	
Distribution: Fiscal Agent Contract Management Permanent File W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Average Nursing Home Rate			Settleme	nt based on cost	s
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File		Highlands					
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File	Dis	tribution:	_I	V.Rv	dell Samuel. Ad	ministrator #	,
Contract Management Permanent File	Fisc	cal Agent	_				
	Con	ntract Management				, .	
Program Development:	Perr	manent File					
	Prog	gram Development:					

_ For information Only (No Change in rate)



370861601 - 2018/10

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

Tallahassee, Florida 32308

Ch	ildren's Medical	Clinic			vider Number		01	
					e: 09/26/2018			
10	02 SW 11th Stre	et		Fisc	cal Year End :	N/A		
Liv	e Oak, FL 3206	4		Aud	dit Status : N/A	4		
Pre	ovider Type:				Current Rate	New Ra	te	Effective Date
	X Rural I	Health Clinic			73.6	66	74.69	10/01/2018
	Swing-	Bed Provider						
	Federa	Illy Qualified Health Centers						
	Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)				'		,
	#65	51a / H5L Routine Home Care (61 +	-)					
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care	- SIA					
	#65	55 / H55 Inpatient Respite Care						
	#65	66 / H56 General Inpatient Care						
	#65	9 Room and Board						
[Basis :	7	Rate	Тур	e :			
ı		」 Budget		X	I Prospe	ctive		
•		Unaudited costs			 Total P	rospective		
•		Desk audited costs			Prospe	ctive Adjus	ted for I	New costs
•		Field audited costs						
•		– Medicare - Prospective			 Interim			
	X	Payment System Rate			 Total Ir	nterim		
•		Average Nursing Home Rate			Settlen	nent based	on cost	s
•		Suwannee						
	Distribution	<u> </u>	V	V.Ry	dell Samuel, /	Administrate	or #	
	Fiscal Agent		_		aid Cost Reir			sis
	Contract Mana	agement					,	
	Permanent File	e						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



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

Ch	ildren's	Medical (Center			Pro	vider	Number :	370861604	
-			0011101					/26/2018	0,000,001	
789	9 West	Duval Str	reet					ar End : N	I/A	
		FL 3205						tus : N/A	,	
Pre	ovider 1						Curre	ent Rate	New Rate	Effective Date
	X		Health Clinic					73.66	74.69	9 10/01/2018
			Bed Provider							
			Illy Qualified Health Centers							
			e Provider							
			51 / H51 Routine Home Care (1-60)							
			i1a / H5L Routine Home Care (61 +	+)						
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Care	- SIA						
		#65	55 / H55 Inpatient Respite Care							
		#65	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ва	sis :		Ra	ate	Тур	e :]		
•			Budget	<u> </u>	,	Χ		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
•			Desk audited costs					Prospect	ive Adjusted for	New costs
•			Field audited costs					-		
			Medicare - Prospective					Interim		
		Χ	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cos	sts
•			 Columbia					-		
	Distr	ibution	<u> </u>		V	/.Rv	dell S	amuel, Ad	ministrator <i>a</i>	 R
	Fisca	l Agent			_				ursement Analy	/sis
	Contr	act Mana	agement					_	,	
	Perm	anent File	е							
	Progr	am Deve	elopment:							

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372143401 - 2018/10

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

Tallahassee, Florida 32308

Jac	k M. Matheny	RHC		Pro	vider Number :	372143401	
				Dat	e: 09/26/2018		
20	5 Zeagler Drive,	Suite #101		Fisc	cal Year End : N	N/A	
Pa	atka, FL 32177	7		Auc	dit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			83.18	84.34	10/01/2018
	Swing	g-Bed Provider					
	Feder	ally Qualified Health Centers					
	Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +	-)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
ſ	Basis :	7	Rate	Тур	e :		
١		Budget		X	Prospect	tive	
-		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	tive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	ent based on cos	ts
		Putnam					
	Distribution	<u>ı:</u>		V.Ry	dell Samuel, Ac	dministrator	z
	Fiscal Agent		_			oursement Analy	sis
	Contract Man	agement				•	
	Permanent F	ile					
	Program Dev	elopment:					
	For	information Only (No Change in rate)					



372384401 - 2018/10

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

Tallahassee, Florida 32308

He	althmark of Walt	on			Pro	ovider	Number :	372384401	
					Da	te : 0	9/26/2018		
44	15 US Hwy 331				Fis	cal Y	ear End : N	I/A	
De	Funiak Springs,	FI 32435			Au	dit St	atus : N/A		
Pr	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic					150.66	152.77	10/01/2018
	Swing-	Bed Provider							·
	Federa	Ily Qualified Health Centers							
	Hospic	ce Provider							
	#65	51 / H51 Routine Home Care (1-60))						·
	#65	51a / H5L Routine Home Care (61	+)						
	#65	52 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care	- SIA	4					
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :	7	Г	Rate	Тур	 эе :	7		
		⊒ Budget	╽		Х		⊐ Prospecti	ive	
		Unaudited costs	_				– Total Pro	spective	
		Desk audited costs	_				Prospect	ive Adjusted for	New costs
		Field audited costs	_				_		
		– Medicare - Prospective	_				_ Interim		
	X	Payment System Rate	_				Total Inte	erim	
		Average Nursing Home Rate	_				Settleme	nt based on cos	ts
		Walton	_				_		
	Distribution	<u>:</u>	<u> </u>	V	N.Ry	/dell S	Samuel, Ad	ministrator W	
	Fiscal Agent			<u> </u>	Medi	caid (Cost Reimb	ursement Analy	rsis
	Contract Mana	agement						·	
	Permanent File	e							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)						



375159701 - 2018/10

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

Tallahassee, Florida 32308

		Interiorist Control of	m racoo		-110	montational	110110010	
Mil	la Pediatrics				Pro	vider Number :	375159701	
					Dat	e: 09/26/2018		
420	6 SW Commerce	e Dr, Suite 101			Fisc	cal Year End : N	I/A	
Lal	ke City, FL 3202	25			Auc	dit Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	X Rural	Health Clinic				82.36	83.52	10/01/2018
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :]	Ra	te	Тур	e :		
		Budget			X	Prospect	ive	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on cost	ts
-		Columbia						
	Distribution	<u>.</u> <u>:</u>		W	/.Ry	dell Samuel, Ad	Iministrator #	?
	Fiscal Agent			M	ledic	aid Cost Reimb	oursement Analys	sis
	Contract Mana	agement					·	
	Permanent Fil	е						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate))					



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 D	<u>iem Rates fo</u>	r No	on-Ins	titutional	<u>Providers</u>	
Se	bring Pe	ediatrics			Pro	ovider	Number :	377682401	
					Da	ate : 09	9/26/2018		
15	50 Lake	view Dr.			Fis	scal Ye	ear End : N	I/A	
Se	bring, F	L 33870			Au	ıdit Sta	atus : N/A		
Pr	ovider 7	Гуре:				Curr	ent Rate	New Rate	Effective Date
	X	Rural I	Health Clinic				77.78	78.87	10/01/2018
		Swing-	-Bed Provider						
		Federa	Illy Qualified Health Centers						
		Hospic	ce Provider						
		#65	51 / H51 Routine Home Care (1-60	0)					
		#65	51a / H5L Routine Home Care (61	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Car	e - SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#65	59 Room and Board						
	Ва	ısis :		Rate	Ту	pe :	7		
•			Budget		Χ		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				_		
			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Highlands						
	Distr	ibution	<u>:</u>	_I	۷.R	ydell S	Samuel, Ad	ministrator	~
	Fisca	l Agent		_		-		oursement Analys	
	Contr	act Mana	agement					·	
	Perm	anent Fil	e						
	Progr	am Deve	elopment:						

_ For information Only (No Change in rate)



377827401 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Sh	oreline Medical	Group		Pro	ovider	Number :	377827401	
				Da	te : 09	9/26/2018		
419	9 Baltzell Avenu	e		Fis	cal Y	ear End : N	I/A	
Ро	rt St. Joe, FL 3	2456		Au	dit Sta	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic				81.49	82.63	10/01/2018
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
ſ	Basis :		Rate	Тур	ре :	1		
•		Budget		Χ		_ Prospect	ive	
-		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs				-		
•		Medicare - Prospective				Interim		
_	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Franklin						
	Distribution	<u></u> 1	V	W.Ry	dell S	Samuel, Ad	ministrator #	
	Fiscal Agent		_				ursement Analy	rsis
	Contract Man	agement					•	
	Permanent Fi	le						
	Program Dev	elopment:						
	For	information Only (No Change in rate)						



378772904 - 2018/10

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

Tallahassee, Florida 32308

		- Modicala Kollingalogilione i Si Si	m racoo			- motitutionar		
Th	e Pediatric Cent	er			Pro	vider Number :	378772904	
					Dat	e: 09/26/2018		
14	47 Medical Park	Blvd, Suite 402			Fisc	al Year End : N	I/A	
We	ellington, FL 334	414			Aud	lit Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	X Rural	Health Clinic				79.11	80.22	10/01/2018
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Ra	te	Тур	e :		
ן ו		 Budget)	X	——I Prospect	ive	
		Unaudited costs	-			Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on cos	ts
•		Palm Beach						
	Distribution	<u>ı:</u>		W	/.Ry	dell Samuel, Ad	ministrator #	ζ
	Fiscal Agent			M	ledic	aid Cost Reimb	oursement Analy	sis
	Contract Man	agement						
	Permanent Fi	le						
	Program Dev	elopment:						
	For	information Only (No Change in rate))					



660005100 - 2018/10

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

Tallahassee, Florida 32308

Ch	ipley RHC			Pr	ovider	Number :	660005100			
				Da	Date : 09/26/2018					
P.C	D. Box 918			Fis	scal Ye	ear End : N	I/A			
Ch	ipley, FI 32428			Αι	udit Sta	atus : N/A				
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				107.48	108.98	10/01/2018		
	Swing	-Bed Provider					,			
	Federa									
#651a / H5L Routine Home Care (61 #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Washington Distribution: Fiscal Agent Contract Management Permanent File										
	Provider Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-6 #652 / H52 Continuous Home Care (61 #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Washington Distribution: Fiscal Agent Contract Management Permanent File					,				
	#6	-)								
	P.O. Box 918 Chipley, FI 32428 Provider Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Washington Distribution: Fiscal Agent Contract Management Permanent File Program Development:									
		- SIA								
	#6	55 / H55 Inpatient Respite Care								
	D. Box 918 pley, FI 32428 rider Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 + 4-652) / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Washington Distribution: Fiscal Agent Contract Management Permanent File									
	·									
ſ	Basis :		Rate	Ту	pe :]				
ן נ		 Budget		Χ		∟ Prospect	ive			
•		Unaudited costs				- Total Pro	spective			
-		Desk audited costs				- Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				- Interim				
	Χ	Payment System Rate				- Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	s		
•		Washington				-				
	Distribution			V.R	vdell S	amuel. Ad	ministrator	<u> </u>		
	Fiscal Agent		_				ursement Analys			
	Contract Mana	agement								
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)								



660018200 - 2018/10

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

Tallahassee, Florida 32308

			III IKULOO I	-	THOUGHT TO THE	<u> </u>					
He	artland Pediatric	Associates			ovider Number :	660018200					
				Da	ate: 09/26/2018						
72	15 US Hwy 27 N	orth		Fis	scal Year End : N	I/A					
Se	bring, FL 33870			Audit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Date				
	X Rural I	Health Clinic			78.26	79.35	10/01/2018				
	Swing	-Bed Provider									
	Federa	Illy Qualified Health Centers									
	Hospic	ce Provider									
	7215 US Hwy 27 North Sebring, FL 33870 Provider Type: X Rural Health Clinic 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										
	#65	51a / H5L Routine Home Care (61 +)								
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 #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File											
	#05	551 / 0561 Continuous Home Care	- SIA								
7215 US Hwy 27 North Sebring, FL 33870 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 - 465) / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands Distribution: Fiscal Agent Contract Management Permanent File Program Development:											
	#65	66 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Rasis ·	7	Rat	е Тур	ne ·						
		Budget		X	Prospect	ive					
•		_ '	-		Total Pro						
		Desk audited costs				ive Adjusted for	New costs				
		_				•					
•		Medicare - Prospective			Interim						
	X				 Total Inte	erim					
•		_ ' '			Settleme	nt based on cost	ts				
•		– Highlands									
	Distribution	<u>-</u>		W.Ry	dell Samuel, Ad	Iministrator #	~				
	Fiscal Agent		•	Medi	caid Cost Reimb	oursement Analys	sis				
	Contract Mana	agement									
	Permanent Fil	е									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



660018201 - 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 D	iem F	Rates for No	on-Ins	titutional	<u>Providers</u>				
He	artland Pediatric	Associates		Provider Number : 660018201							
				Da	ate : 09	9/26/2018					
12	0 Heartland Way			Fis	scal Ye	ear End : N	/A				
Wa	auchula, FL 3383	375000		Αι	ıdit Sta	ntus : N/A					
Pre	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	X Rural H	lealth Clinic				74.02	75.06	10/01/2018			
	Swing-	Bed Provider									
	Federa	lly Qualified Health Centers									
	Hospic	e Provider									
	#65	1 / H51 Routine Home Care (1-60))								
	#651a / H5L Routine Home Care (61 +)										
	#652 / H52 Continuous Home Care										
	#05	Date : 09/26/2018 Fiscal Year End : N/A Audit Status : N/A Dee: Current Rate New Rate Effective Date Rural Health Clinic 74.02 75.06 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 40551 / 0561 / 05									
	#65	55 / H55 Inpatient Respite Care									
	#65	66 / H56 General Inpatient Care									
	#65	9 Room and Board									
	Basis :]		Rate Ty	pe :]					
•		Budget	'	Х		Prospect	ve				
•		Unaudited costs	'			Total Pro	spective				
•		Desk audited costs				Prospect	ve Adjusted for	New costs			
•		Field audited costs				_					
•		Medicare - Prospective				Interim					
	X	Payment System Rate				Total Inte	rim				
		_				Settleme	nt based on cost	s			
		Hardee									
	<u>Distribution:</u>	<u>.</u>	ļ	W.R	ydell S	amuel, Ad	ministrator #	<u> </u>			
	Fiscal Agent							sis			
	Contract Mana	agement					•				
	Permanent File	е									
	Program Development:										

_ For information Only (No Change in rate)



660022100 - 2018/10

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

Tallahassee, Florida 32308

Jay	/ Medical Center				Pro	vider	Number :	660022100			
					Date: 09/26/2018						
140	088 Alabama St				Fisc	cal Ye	ear End : N	I/A			
Jay	, FL 32565	Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #652 / H52 Continuous Home Care			Aud	dit Sta	atus : N/A				
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	X Rural I	lealth Clinic					84.94	86.13	10/01/2018		
	Swing-	Bed Provider									
	Federa	Illy Qualified Health Centers									
	Hospid	e Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	1a / H5L Routine Home Care (61 -	+)								
	Jay, FL 32565 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care										
		- SIA									
	#65	55 / H55 Inpatient Respite Care									
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 - #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File											
	#65	9 Room and Board									
	Basis :]	Ra	ate	Тур	e :	1				
ָ י		Budget	L		Χ		∟ Prospecti	ive			
•		Unaudited costs					- Total Pro	spective			
•		Desk audited costs					Prospect	ive Adjusted for	New costs		
•		Field audited costs					_				
•		Medicare - Prospective					Interim				
	Χ	Payment System Rate					Total Inte	erim			
•		Average Nursing Home Rate					Settleme	nt based on cos	ts		
-		Collier									
	Distribution			V	V.Ry	dell S	Samuel, Ad	ministrator	ξ		
	Fiscal Agent			N	/ledic	caid C	ost Reimb	ursement Analy	sis		
	Contract Mana	agement									
	Permanent File	е									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate))								



660024700 - 2018/10

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

Tallahassee, Florida 32308

Physicians Partners Network			Provider Number : 660024700								
					Date: 09/26/2018						
60	5 Lamar	Ave			F	Fiscal Year End : N/A					
Bro	ooksville,	FL 346	01		A	udit St	atus : N/A				
Pro	ovider T	уре:				Curi	ent Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic				81.36	82.50	10/01/2018		
		Swing-l	Bed Provider								
		Federal	lly Qualified Health Centers								
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60)								
	#651a / H5L Routine Home Care (61 +)										
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		Asville, FL 34601 ider Type: X Rural Health Clinic 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 #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Hernando Distribution: Fiscal Agent Contract Management									
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 + #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Hernando Distribution: Fiscal Agent Contract Management Permanent File											
		#65	9 Room and Board								
	Bas	sis :]	Rate	e Ty	/pe :	7				
ן נ			Budget		X		⊐ Prospect	ive			
•			Unaudited costs				_ Total Pro	spective			
-			Desk audited costs				– Prospect	ive Adjusted for	New costs		
-			Field audited costs				_				
-			Medicare - Prospective				_ Interim				
)	X	Payment System Rate				_ Total Inte	erim			
-			Average Nursing Home Rate				_ Settleme	nt based on cost	ts		
-			Hernando								
	Distri	bution:			W.F	Rydell	Samuel, Ad	ministrator #	~		
	Fiscal	Agent		-				oursement Analys			
-					.,						
	Perma	anent File)								
	Progra	am Devel	lopment:								
		For in	nformation Only (No Change in rate))							



660026300 - 2018/10

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

Tallahassee, Florida 32308

Co	mmunity	Medical	CtrDeland		Pr	ovide	· Number ·	660026300				
		mouloui	our Bolana		Date: 09/26/2018							
119	90 North	Stone St	treet				ear End : N	I/A				
	land, FL						atus : N/A					
								N D . (.	E# - da - Data			
Pro	ovider Ty		Landella Olivata			Curr	ent Rate	New Rate	Effective Date			
	X		ealth Clinic				84.32	85.50	10/01/2018			
			Bed Provider			-						
			lly Qualified Health Centers									
			e Provider									
			1 / H51 Routine Home Care (1-60)									
			1a / H5L Routine Home Care (61 +	+)								
			2 / H52 Continuous Home Care									
			51 / 0561 Continuous Home Care	- SIA								
			5 / H55 Inpatient Respite Care									
		#650	6 / H56 General Inpatient Care									
		#659	9 Room and Board									
	Bas	is:]	Rat	е Ту	pe :						
L			Budget		Χ		⊐ Prospect	ive				
-			- Unaudited costs				– Total Pro	spective				
-			Desk audited costs				– Prospect	ive Adjusted for	New costs			
-			Field audited costs				_					
-			Medicare - Prospective				_ Interim					
	X	(Payment System Rate				– Total Inte	erim				
-			Average Nursing Home Rate				_ Settleme	nt based on cos	sts			
-			Volusia				_					
	<u>Distri</u>	bution:			W.R	ydell S	Samuel, Ad	ministrator (
	Fiscal	Agent		•	Med	icaid (Cost Reimb	ursement Analy	/sis			
	Contra	ct Mana	gement					·				
	Perma	nent File)									
	Progra	m Devel	opment:									
		For in	formation Only (No Change in rate)									



660026302 - 2018/10

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

Tallahassee, Florida 32308

Со	mm. Med	ical CtrOrange Cty.		Pro	vider Nu	mber :	660026302				
				Date: 09/26/2018							
810	O Comme	d Boulevard		Fiscal Year End : N/A							
Ora	ange City	FL 32763		Aud	dit Status	: N/A					
Pro	ovider Ty	pe:			Current	Rate	New Rate	Effective Date			
	X	Rural Health Clinic				79.13	80.24	10/01/2018			
		Swing-Bed Provider									
		Federally Qualified Health Centers									
		Hospice Provider									
		#651 / H51 Routine Home Care (1-60)					<u>'</u>			
		#651a / H5L Routine Home Care (61	+)								
		#652 / H52 Continuous Home Care									
#0551 / 0561 Continuous Home Care -		- SIA									
	Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-6 #651a / H5L Routine Home Care (6:4652 / H52 Continuous Home Care										
		#656 / H56 General Inpatient Care									
	Basi	s:	Rate	Тур	e:						
		Budget		Χ	 Pr	ospect	ive				
•		Unaudited costs			To	tal Pro	spective				
•		Desk audited costs			Pr	ospecti	ive Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective			In	terim					
	X	Payment System Rate			To	otal Inte	erim				
		Average Nursing Home Rate			Se	ettleme	nt based on cos	sts			
•		Volusia									
	Distrib	oution:	<u> </u>	V.Ry	dell Sam	uel, Ad	ministrator a	 R			
	Fiscal A	Agent	_				ursement Analy	/sis			
	Contrac	ct Management					ĺ				
	Permar	nent File									
	Prograr	m Development:									
		_ For information Only (No Change in rate)								



660027100 - 2018/10

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

Tallahassee, Florida 32308

N.	N. Fl. Pediatrics RHC			Provider Number : 660027100						
				D	ate : 0	09/26/2018				
43	16 Fifth Avenue			F	iscal Y	rear End : N	I/A			
Ma	arianna, FL 3244	16		A	udit S	tatus : N/A				
Pr	ovider Type:				Cur	rent Rate	New Rate	Effective Date		
	X Rural l	Health Clinic				83.18	84.3	4 10/01/2018		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6									
	#6	56 / H56 General Inpatient Care								
	#6									
	Basis :		Rate	· Ty	ype :	7				
		 Budget		Χ		— Prospect	ive			
		Unaudited costs				— Total Pro	spective			
		Desk audited costs				— Prospect	ive Adjusted for	New costs		
		Field audited costs	_			_				
		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	sts		
		Jackson								
	<u>Distribution</u>	<u>:</u>		N.F	 Rydell	Samuel, Ad	Iministrator 7			
	Fiscal Agent		_				oursement Analy	<u>'</u> ysis		
	Contract Mana	agement					·			
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)	١							



660037900 - 2018/10

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

Tallahassee, Florida 32308

Blo	ountstown Family		Provider Number : 660037900						
				Da	te : 09	9/26/2018			
17	808 NE Charley	Johns St		Fis	cal Y	ear End : N	I/A		
Blo	ountstown, FL 3	2424		Au	dit Sta	atus : N/A			
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic				82.22	83.37	10/01/2018	
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospid	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	+)						
	#6								
	#0	- SIA							
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate	Тур	oe :	7			
		 Budget		Х		⊐ Prospecti	ive		
		Unaudited costs				– Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs				_			
		Medicare - Prospective				_ Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cos	its	
		Calhoun				_			
	Distribution	<u> </u>	V	V.Rv	dell S	Samuel, Ad	ministrator T	 R	
	Fiscal Agent		_				ursement Analy	/sis	
	Contract Mana	agement					•		
	Permanent Fil	le							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate))						



660037901 - 2018/10

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

Tallahassee, Florida 32308

N 1 c	enticollo Fomily N	Andioine	- TITICAL	D.	ovidor Nu	mbari	660037901	
IVIC	onlicello Family N	riedicirie					000037901	
4 5	40 C. lefferson	04			ate: 09/26		1/^	
_					scal Year I		I/A	
IVIC	onticello, FL 323	44		At	udit Status	: N/A		
Pr	ovider Type:				Current	Rate	New Rate	Effective Date
	Rural I	Health Clinic				82.22	83.3	7 10/01/2018
	Swing	-Bed Provider						
	Federa	Illy Qualified Health Centers						
	Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	51a / H5L Routine Home Care (61 +	-)					
Monticello Family Medicine 1549. S. Jefferson St Monticello, FL 32344 Provider Type: Rural Health Clinic 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 #655 / H55 Inpatient Respite Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Jefferson Distribution: Fiscal Agent Contract Management Permanent File Program Development:								
	- SIA							
	#65	56 / H56 General Inpatient Care						
	#65	59 Room and Board						
	Pagis :	7		Doto Tv				
	Da515 .	Pudget		Rate Ty		oonoot	ivo	
		_ '		^		ospect		
		_					spective	· Now costs
					PI	ospeci	ive Adjusted for	New Costs
		_				erim		
	V					enin otal Inte	rina	
	^	_ ' '						24.0
		_				шетте	nt based on cos	SIS
		Jellerson						
	Distribution	<u>.</u>		W.R	ydell Sam	uel, Ad	ministrator a	
	Fiscal Agent			Med	icaid Cost	Reimb	ursement Analy	ysis
	Contract Mana	agement					·	
	Permanent Fil	e						
	Program Deve	elopment:						
	For i	X Payment System Rate Average Nursing Home Rate Jefferson Distribution: Fiscal Agent Contract Management Permanent File						



660037902 - 2018/10

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

Tallahassee, Florida 32308

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



660037903 - 2018/10

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

Tallahassee, Florida 32308

Wa	/akulla Family Medicine			Provider Number: 660037903							
				Da	te : 09	9/26/2018					
15	Council Moore	Rd		Fiscal Year End : N/A							
Cr	awfordville, Fl 3	32327		Audit Status : N/A							
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Dat			
	Rural	Health Clinic				82.21	83.37	10/01/201			
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hospi	ice Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	.)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care -	- SIA								
	#6	555 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Тур	e :	7					
		Budget		Χ		⊐ Prospect	ive				
		Unaudited costs				Total Pro	spective				
		Desk audited costs				- Prospect	ive Adjusted for	New costs			
		Field audited costs				_					
		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cos	ts			
		Wakulla				_					
	Distribution	l <u>1:</u>	V	۷.R	dell S	Samuel, Ad	ministrator #	 Z			
	Fiscal Agent		_				oursement Analy	sis			
	Contract Man	nagement					,				
	Permanent F	ile									
	Program Dev	relopment:									
	For	information Only (No Change in rate)									



660039500 - 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

		-	modicala Rombarcomont For B	ioiii itatt	<u> </u>	··· ··· ·	titutiona.	TO VIGOTO				
Yu	unus Rural Health Clinic				Provider Number : 660039500							
Mc	hammad	d Yunus,	MD		Da	Date : 09/26/2018						
40	4 East H	wy 90			Fis	scal Year End : N/A						
Во	nifay, FL	32425			Au	Audit Status : N/A						
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date			
	Χ	Rural H	lealth Clinic				83.18	84.34	10/01/2018			
		Swing-	Bed Provider									
		Federa	Ily Qualified Health Centers									
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-60	0)								
		#65	1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Car	e - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :]		Rate Typ	ре:						
			Budget		Х		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
		X	Payment System Rate	l			Total Inte	erim				
			Average Nursing Home Rate	<u>_</u>			Settleme	nt based on cos	ts			
			Holmes									
	Distri	bution:	<u> </u>		W.R	/dell S	amuel. Ad	ministrator #	~			
	Fiscal	Agent						ursement Analy	sis			
	Contra	act Mana	agement				-					
	Perma	nent File	е									
	Progra	am Deve	lopment:									



660046800 - 2018/10

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

Tallahassee, Florida 32308

Ric	chard A. Campbe	ell RHC					660046800			
					e : 09/26/20					
	5 Tomoka Boule			Fiscal Year End : N/A						
La	ke Placid, FL 33	3852		Auc	dit Status : N	1/A				
Pre	ovider Type:				Current Ra	te	New Rate	Effective Date		
	X Rural	Health Clinic			82	2.81	83.97	7 10/01/2018		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis:		Rate	Тур	e :					
l		l Budget		X	 Pros	oect	ive			
•		Unaudited costs			Total	Pro	spective			
•		Desk audited costs			Pros	oect	ive Adjusted for	New costs		
•		Field audited costs								
•		— Medicare - Prospective			Interi	m				
	Χ	Payment System Rate			 Total	Inte	erim			
•		Average Nursing Home Rate			Settle	eme	nt based on cos	sts		
•		Highlands								
	Distribution	<u> </u>	V	V.Ry	dell Samuel	, Ad	ministrator &			
	Fiscal Agent		N	Леdic	aid Cost Re	eimb	ursement Analy	/sis		
	Contract Mana	agement								
	Permanent Fil	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate))							



660049201 - 2018/10

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

Tallahassee, Florida 32308

Ga	teway Medical (Clinic - Crestview		Pro	vider	Number :	660049201				
				Dat	te : 0	9/26/2018					
12	7-C Redstone A	ve		Fis	cal Y	ear End : N	I/A				
Cr	estview, FL 325	539		Aud	Audit Status : N/A						
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	Rural	Health Clinic				83.23	84.40	10/01/2018			
	Swing	_J -Bed Provider									
	Feder	ally Qualified Health Centers									
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care -	· SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Тур	e :	1					
ı		Budget		X		⊐ Prospect	ive				
		Unaudited costs				– Total Pro	spective				
		Desk audited costs				Prospect	ive Adjusted for	New costs			
		Field audited costs				_					
		Medicare - Prospective				_ Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cos	sts			
		Okaloosa				_					
	Distribution	<u>ı:</u>	V	V.Ry	dell S	Samuel, Ad	ministrator d				
	Fiscal Agent		_				ursement Analy	vsis			
	Contract Man	agement					•				
	Permanent F	ile									
	Program Dev	elopment:									
	For	information Only (No Change in rate)									



660052200 - 2018/10

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

Tallahassee, Florida 32308

Wii	Vimauma Family Health Center			Provider Number : 660052200					
					Dat	te : 09	9/26/2018		
512	21 State Rd 67	' 4			Fis	cal Ye	ear End : N	/A	
Wir	mauma, FL 33	3598			Aud	dit Sta	atus : N/A		
Pro	vider Type:					Curr	ent Rate	New Rate	Effective Date
	X Rura	I Health Clinic					78.74	79.84	10/01/2018
	Swin	g-Bed Provider							
	Fede	rally Qualified Health Centers							
	Hosp	oice 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							
ſ	Basis :			Rate	Тур	e :	7		
ן נ		Budget	-		Χ		⊐ Prospecti	ve	
-		Unaudited costs					– Total Pro	spective	
-		Desk audited costs					Prospect	ve Adjusted for	New costs
-		Field audited costs					_		
-		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	rim	
_		Average Nursing Home Rate					Settleme	nt based on cos	ts
_		Hillsborough					_		
	<u>Distributio</u>	<u>on:</u>	<u> </u>	V	V.Ry	dell S	Samuel, Ad	ministrator (R
				Леdio	caid C	Cost Reimb	ursement Analy	/sis	
	Contract Ma	nagement							
	Permanent F	File							
	Program De	velopment:							
	Fo	r information Only (No Change in rate))						



660053100 - 2018/10

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

Tallahassee, Florida 32308

Ch	hildren's Clinic			Provider Number : 660053100							
				Date	9:09/26/2018						
11	00 N. Main St			Fiscal Year End : N/A							
Ве	lle Glade, FL 33	3430		Audit Status : N/A							
Pr	ovider Type:			(Current Rate	New Rate	Effective Date				
	X Rural	Health Clinic			83.18	84.34	10/01/2018				
	Swing	-Bed Provider									
	Federa	ally Qualified Health Centers									
	Hospie	ce Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :	7	Rate	Туре	·:						
,		 Budget		Χ	Prospect	ive					
•		Unaudited costs			Total Pro	spective					
•		Desk audited costs			Prospect	ive Adjusted for	New costs				
•		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
•		Average Nursing Home Rate			Settleme	nt based on cos	ts				
•		Palm Beach									
	Distribution	<u>.</u> <u>:</u>	V	V.Ryd	lell Samuel, Ad	ministrator //	Z.				
	Fiscal Agent		_			ursement Analy	sis				
	Contract Mana	agement				•					
	Permanent Fil	le									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



660054900 - 2018/10

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

Tallahassee, Florida 32308

Ма	arion RHC dba Forest Family Health				Provider Number : 660054900							
					Da	te : 09	9/26/2018					
159	932 E. 40				Fiscal Year End : N/A							
Sil	ver Springs, FL	34488			Audit Status : N/A							
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date			
	X Rural I	Health Clinic					82.02	83.16	10/01/2018			
	Swing	-Bed Provider										
	Federa	Illy Qualified Health Centers										
	Hospic	ce Provider										
	#65	51 / H51 Routine Home Care (1-60))									
	#65	51a / H5L Routine Home Care (61	+)									
	#65	52 / H52 Continuous Home Care										
	#05	551 / 0561 Continuous Home Care	- SIA	1								
	#65	55 / H55 Inpatient Respite Care										
	#65	56 / H56 General Inpatient Care										
	#65	59 Room and Board										
[Basis :	7		Rate	Тур	oe :	7					
ι		∟ Budget	_		Х		⊐ Prospect	ive				
•		Unaudited costs	_				– Total Pro	spective				
•		Desk audited costs	_				– Prospect	ive Adjusted for	New costs			
•		Field audited costs	_				_					
•		Medicare - Prospective	_				_ Interim					
	Χ	Payment System Rate	_				Total Inte	erim				
•		Average Nursing Home Rate	_				Settleme	nt based on cos	ts			
•		 Marion					_					
	Distribution	<u>.</u>		V	W.Ry	/dell S	Samuel, Ad	ministrator				
	——————————————————————————————————————			Леdi	caid (Cost Reimb	ursement Analy	rsis				
	Contract Mana	agement										
	Permanent Fil	е										
	Program Deve	elopment:										
	For i	nformation Only (No Change in rate)									



660056500 - 2018/10

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

Tallahassee, Florida 32308

Ah	hmad T. Ismail RHC			Provider Number : 660056500						
				Date	e: 09/26/2018					
11	0 E. Byrd Avenue	Э		Fisc	al Year End : N	I/A				
Во	nifay, FL 32425			Audit Status : N/A						
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			73.31	74.33	10/01/2018			
	Swing-	Bed Provider								
	Federa	Illy Qualified Health Centers								
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +	+)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	66 / H56 General Inpatient Care								
	#65	9 Room and Board								
	Basis :	7	Rate	Туре	e :					
		Budget		Χ	——— Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cos	ts			
		Holmes								
	Distribution		V	V.Ryo	dell Samuel, Ad	ministrator #	ζ			
	Fiscal Agent		_			oursement Analy	sis			
	Contract Mana	agement				·				
	Permanent Fil	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate))							



660058100 - 2018/10

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

Tallahassee, Florida 32308

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



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 B40 South Bea Ave Inverness, FI 34452 Provider Type: Current Rate X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Provider Number: 660065400 Date: 09/26/2018 Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Pure Rate Fiscal Year End: NI/A Audit Status: NI/A Fiscal Year End: Ni Fiscal Y	Moo	na Nat	ban Mac	dical Contar			Dro	vidor	Number	660065400			
Fiscal Year End : N/A Audit Status : N/A	iviee	weena Nathan Wedical Center											
Inverness, FI 34452 Provider Type: X Rural Health Clinic 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 #656 / H56 General Inpatient Care #659 Room and Board Rate Type:	0.40	0 11	D 4										
Provider Type: X Rural Health Clinic 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 #655 / H55 Inpatient Respite Care #655 / H56 General Inpatient Care #659 Room and Board Rate Type:													
X Rural Health Clinic 76.94 78.02 10/01/2018	Inve	rness,	FI 3445	2			Audit Status : N/A						
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H52 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:	Pro	/ider T	уре:					Curre	ent Rate	New Rate	Effective Date		
Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H52 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 Rate Type: X Prospective Unaudited costs Prospective Adjusted for New costs Field audited costs Interim X Payment System Rate Total Interim		X	Rural I	Health Clinic					76.94	78.02	10/01/2018		
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 Rate Type :			Swing	Bed 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 #659 Room and Board Rate Type :			Federa	Illy Qualified Health Centers									
#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 Rate Type:			Hospic	e Provider									
#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:			#65	51 / H51 Routine Home Care (1-60))								
#0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis :			#65	51a / H5L Routine Home Care (61	+)								
#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis:		#652 / H52 Continuous Home Care											
#656 / H56 General Inpatient Care #659 Room and Board Basis :			#05	551 / 0561 Continuous Home Care	e - SIA								
#659 Room and Board Basis :			#65	55 / H55 Inpatient Respite Care									
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Prospective Prospective Adjusted for New costs Interim X Payment System Rate Total Interim			#65	66 / H56 General Inpatient Care									
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Prospective Prospective Adjusted for New costs Interim X Payment System Rate Total Interim			#65	9 Room and Board									
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Total Prospective Prospective Interim Total Interim	Γ	Ва	sis :			Rate	Тур	e :]				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Prospective Adjusted for New costs Interim Total Interim	_			Budget			X		Prospecti	ive			
Field audited costs Medicare - Prospective X Payment System Rate Interim Total Interim				Unaudited costs					Total Pro	spective			
Medicare - Prospective Interim X Payment System Rate Total Interim				Desk audited costs					Prospecti	ive Adjusted for	New costs		
X Payment System Rate Total Interim				Field audited costs					-				
				Medicare - Prospective					Interim				
Average Nursing Home Rate Settlement based on costs			Χ	Payment System Rate					Total Inte	erim			
				Average Nursing Home Rate					Settleme	nt based on cos	its		
Citrus				Citrus					_				
Distribution: W.Rydell Samuel, Administrator		Distr	ibution	<u>.</u>	<u> </u>	V	V.Rv	dell S	amuel, Ad	ministrator Th	 R		
Fiscal Agent Medicaid Cost Reimbursement Analysis		Fiscal	Agent			_					rsis		
Contract Management		Contra	act Mana	agement						ĺ			
Permanent File		Perma	anent Fil	е									
Program Development:		Progra	am Deve	elopment:									



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 D	<u>iem Rates fo</u>	or No	n-Institutional	<u>Providers</u>				
Florida Family Ru	ıral Hlth Care		Provider Number : 660069700						
			Dat	te: 09/26/2018					
2398 N. Beach D	r., Suite 100		Fise	Fiscal Year End : N/A					
Avon Park, Fl 33	825		Aud	Audit Status : N/A					
Provider Type:				Current Rate	New Rate	Effective Date			
X Rura	I Health Clinic			81.88	83.03	10/01/2018			
Swin	g-Bed Provider								
Fede	rally Qualified Health Centers								
Hosp	Hospice Provider								
#	651 / H51 Routine Home Care (1-60	D)			,				
#	651a / H5L Routine Home Care (61	+)							
#	652 / H52 Continuous Home Care								
#	0551 / 0561 Continuous Home Care	e - SIA							
#	655 / H55 Inpatient Respite Care								
#	656 / H56 General Inpatient Care								
#	659 Room and Board								
Basis :	Basis :		е Тур	e:					
	Budget		Χ	Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
X	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	s			
	Highlands								
Distributio	<u>n:</u>	1	W.Rv	dell Samuel, Ad	ministrator	<u> </u>			
Fiscal Agent					ursement Analys				
Contract Ma	nagement				,				
Permanent F	File								
Program De	velopment:								



660070100 - 2018/10

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

Tallahassee, Florida 32308

Ex	xpress Care of Belleview, Inc			Provider Number : 660070100								
					Dat	te : 09	9/26/2018					
10	762 S US Hwy 4	41			Fiscal Year End : N/A							
Ве	lleview, FI 3442	0			Aud	Audit Status : N/A						
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	X Rural I	Health Clinic					82.17	83.32	10/01/2018			
	Swing	-Bed Provider										
	Federa	Illy Qualified Health Centers										
	Hospid	ce Provider										
	#65	51 / H51 Routine Home Care (1-60))									
	#65	51a / H5L Routine Home Care (61	+)									
	#65	52 / H52 Continuous Home Care										
	#05	551 / 0561 Continuous Home Care	- SIA	\								
	#65	55 / H55 Inpatient Respite Care										
	#65	56 / H56 General Inpatient Care										
	#65	59 Room and Board										
	Basis :	7	Г	Rate	Тур	e :	1					
'		∟ Budget			Χ		ם Prospect	ive				
		Unaudited costs	_				- Total Pro	spective				
•		Desk audited costs	_				- Prospect	ive Adjusted for	New costs			
		Field audited costs	_				_					
•		Medicare - Prospective	_				Interim					
	Χ	Payment System Rate					Total Inte	erim				
		Average Nursing Home Rate					Settleme	nt based on cos	its			
		Marion										
	Distribution	<u>:</u>		V	W.Ry	dell S	amuel, Ad	ministrator W				
	Fiscal Agent			N	Medio	caid C	ost Reimb	ursement Analy	rsis			
	Contract Mana	agement						•				
	Permanent Fil	e										
	Program Deve	elopment:										
	For i	nformation Only (No Change in rate)									



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

			Modicard Rollingar complete Co. E	DIOIII ITALOG IT	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
Na	ature Coast Family Medical				Provider Number : 660071900						
Na	ature Co	ast Fami	ly		Da	ate : 09	9/26/2018				
34	00 N. Le	ecanto H	wy Suite A		Fiscal Year End : N/A						
Be	everly Hi	lls, FI 34	464		Audit Status : N/A						
Pr	ovider 7	Гуре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic				78.72	79.82	10/01/2018		
		Swing	-Bed Provider						1		
		Federa	ally Qualified Health Centers								
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	60)					1		
		#6	51a / H5L Routine Home Care (6	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Ca	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	ısis :		Rate	e Ty∣	pe :	7				
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Citrus				_				
	Distr	ibution	<u>.</u>		W.R	vdell S	Samuel, Ac	Iministrator #	?		
	Fisca	l Agent		-				oursement Analys	sis		
	Contr	act Mana	agement					,			
	Perm	anent Fil	e								
	Progr	am Deve	elopment:								



660072700 - 2018/10

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

Tallahassee, Florida 32308

Ra	ijendra P. Bellam	n MD		Pro	ovider	Number :	660072700	
				Dat	te : 09	/26/2018		
11	707 N. Williams	St Suite 3		Fis	cal Ye	ar End : N	I/A	
Du	innellon, FI 3443	32		Aud	dit Sta	tus : N/A		
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic				80.39	81.5	10/01/2018
	Swing	-Bed Provider						'
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 -	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :	7	Rate	тур	e :]		
,		∟ Budget		Χ		ı Prospect	ive	
•		Unaudited costs				- Total Pro	spective	
•		Desk audited costs				- Prospect	ive Adjusted fo	r New costs
		Field audited costs				-		
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate	_			Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on co	sts
		 Marion				_		
	Distribution	<u>:</u>	<u> </u>	W.Ry	dell S	amuel, Ad	ministrator	
Fiscal Agent			_				ursement Anal	ysis
Contract Management								-
	Permanent Fil	le						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate))					



660074300 - 2018/10

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

Tallahassee, Florida 32308

Center for Family Health				Pr	ovider	Number :	660074300			
				Da	ate : 09	9/26/2018				
P.C	D. Box 2177			Fiscal Year End : N/A						
Arc	cadia, Fl 34265			Audit Status : N/A Current Rate New Rate Effective Da						
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				82.22	83.38	10/01/2018		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	+)								
	#6									
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Ту	pe :	1				
ן נ		 Budget		Χ		⊐ Prospect	ive			
•		Unaudited costs				- Total Pro	spective			
•		Desk audited costs				- Prospect	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				- Interim				
	Χ	Payment System Rate				- Total Inte	erim			
•		Average Nursing Home Rate				- Settleme	nt based on cost	ts		
-		 Desoto				_				
	Distribution			V.R	vdell S	Samuel, Ad	ministrator #	ζ		
	Fiscal Agent		_				ursement Analy			
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Deve	elopment:								
	For i	information Only (No Change in rate)								



660075100 - 2018/10

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

Tallahassee, Florida 32308

Cha	Charles S. Li MD			Provider Number : 660075100							
				С	Date	: 09/26/2018					
764	17 W. Gulf Lake	Hwy		F	Fiscal Year End : N/A						
Cry	stal River, FI 34	1429		Δ	Audit	Status : N/A					
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date			
	X Rural H	lealth Clinic				77.52	78.61	10/01/2018			
	Swing-	Bed Provider									
	Federa	Ily Qualified Health Centers									
	Hospic	e Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	1a / H5L Routine Home Care (61 -	+)								
	#65	52 / H52 Continuous Home Care									
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	66 / H56 General Inpatient Care									
	#65	9 Room and Board									
	Basis :]	Rate	• T	уре	:					
י		Budget		Χ		 Prospect	ive				
-		Unaudited costs	· · · · · · · · · · · · · · · · · · ·			Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
_		Average Nursing Home Rate	'			Settleme	nt based on cos	ts			
_		Citrus									
	<u>Distribution</u> :	<u>.</u>	,	 ∕V.F	Ryde	ell Samuel, Ad	ministrator	Z			
Fiscal Agent			_				ursement Analy	sis			
	Contract Mana	agement					·				
	Permanent File	e									
	Program Deve	elopment:									
	For i)									



660075101 - 2018/10

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

Tallahassee, Florida 32308

Cit	trus Springs RH		Pro	vider Number :	660075101		
				Dat	e: 09/26/2018		
10	489 N. Fl Ave			Fisc	cal Year End : N	I/A	
Cit	trus Springs, Fl	34434		Aud	lit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			77.52	78.61	10/01/2018
	Swing	-Bed Provider					
	Feder	ally Qualified Health Centers					
	Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +	+)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :		Rate	Тур	e :		
		 Budget		Χ	——— Prospect	ive	
		Unaudited costs			 Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Х	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cos	ts
		Citrus					
	Distribution	l <u>ı:</u>	V	V.Ryo	dell Samuel, Ad	ministrator //	ζ
Fiscal Agent		_			ursement Analy	sis	
Contract Management						·	
	Permanent Fi	le					
	Program Dev	elopment:					
	For	information Only (No Change in rate)	•				



660076000 - 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

			Modicald Rollingarcomone i or b	Maria Maria Maria	1 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u> TOVIGOTO</u>			
WI	FMA- Be	everly Hil	ls Med Ctr		Pr	ovider	Number :	660076000			
Αlι	ugubelli	& Patel N	MD		Da	ate : 09	9/26/2018				
37	45 N Le	canto Hv	vy		Fis	Fiscal Year End : N/A					
Ве	verly Hi	lls, FI 34	465		Αu	ıdit Sta	atus : N/A				
Pr	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic				81.39	82.53	10/01/2018		
		Swing	-Bed Provider					1	1		
		Federa	ally Qualified Health Centers								
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-6	60)				1	1		
		#65	51a / H5L Routine Home Care (61	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Car	re - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	sis :		Rate	• Ту	pe:]				
			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Citrus								
	Distr	ibution	<u>.</u>		۷.R ^۰	vdell S	Samuel, Ad	ministrator #	?		
	Fisca	l Agent		_				oursement Analys	sis		
	Contr	act Mana	agement					,			
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



660083200 - 2018/10

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

Tallahassee, Florida 32308

La	ke Butler Hospita	I RHC			Pro	vider	Number :	660083200	
					Dat	te : 09)/26/2018		
85	0 E Main St				Fis	cal Ye	ear End : N	I/A	
La	ke Butler, FL 320	054			Aud	dit Sta	itus : N/A		
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural F	lealth Clinic					163.36	165.65	10/01/2018
	Swing-	Bed Provider						,	'
	Federa	lly Qualified Health Centers							
	Hospic	e Provider							
	#65	1 / H51 Routine Home Care (1-60)							
	#65	1a / H5L Routine Home Care (61 -	+)						
	#65								
	#05	- SIA							
	#65	5 / H55 Inpatient Respite Care							
	#65	6 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :]	I	Rate	Тур	e :	1		
,		Budget			X		Prospecti	ive	
,		Unaudited costs					Total Pro	spective	
•		Desk audited costs					Prospecti	ive Adjusted for	New costs
'		Field audited costs					_		
'		Medicare - Prospective					Interim		
	X	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Union					_		
	<u>Distribution:</u>			V	V.Ry	dell S	amuel, Ad	ministrator #	Z.
	Fiscal Agent			_				ursement Analy	sis
	Contract Mana	gement						·	
	Permanent File	Э							
	Program Deve	lopment:							
	For ir	nformation Only (No Change in rate))						



660087500 - 2018/10

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

Tallahassee, Florida 32308

Palm Glades Rural Hith Assoc			Pı	rovide	Number :	660087500				
				Date: 09/26/2018						
21	7 W Ave			Fi	scal Y	ear End : N	I/A			
Ве	lle Glade, Fl 334	130		Αı	udit St	atus : N/A				
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	X Rural I	Health Clinic				80.89	82.02	10/01/2018		
	Swing-	Bed Provider					,			
	Federa	Illy Qualified Health Centers								
	Hospid	e Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 +	-)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	66 / H56 General Inpatient Care								
	#65	9 Room and Board								
	Basis :	7	Rate	Ту	pe:	7				
l		_l Budget	L	X		⊐ Prospecti	ive			
		Unaudited costs				– Total Pro	spective			
•		Desk audited costs				Prospecti	ive Adjusted for	New costs		
•		Field audited costs				_				
•		Medicare - Prospective				_ Interim				
	X	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cos	ts		
•		Palm Beach				_				
	Distribution	<u>.</u> <u>:</u>	\	V.R	ydell S	Samuel, Ad	ministrator #	ζ		
Fiscal Agent		1	Лес	licaid (Cost Reimb	ursement Analy	sis			
Contract Management										
	Permanent File	е								
Program Development:										
	For i	nformation Only (No Change in rate)								



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

He	rnando	Medical	Center		Pr	ovider	Number :	660089100	
					Da	ite : 09	9/26/2018		
104	489 N F	orida Av	e		Fis	scal Ye	ear End : N	I/A	
Cit	rus Spri	ngs, FI 3	34434		Au	idit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
	X	Rural I	Health Clinic				79.84	80.96	10/01/2018
		Swing	-Bed Provider						
		Federa	Illy Qualified Health Centers						
		Hospic	ce Provider						
	#651 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61	+)					
		#65	52 / H52 Continuous Home Care						
		#05	551 / 0561 Continuous Home Care	- SIA					
		#65	55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#65	59 Room and Board						
[Ва	sis :		Ra	te Ty	pe:	1		
٠			Budget		Х		Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				- Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cos	ts
-			Hernando				_		
	Distr	ibution	<u>:</u>		W.R [,]	vdell S	Samuel. Ad	ministrator #	
	Fiscal	Agent						ursement Analy	
	Contr	act Mana	agement						
	Perma	anent Fil	е						
Program Development:									



660092100 - 2018/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's	s Memorial	Hospital		Prov	ider Number :	660092100			
	tchee Fami	·		Date: 09/26/2018					
	rst Ave S.	,		Fiscal Year End : N/A					
	tchee, Fl 3	2359			t Status : N/A				
Provide	er Type:			C	Current Rate	New Rate	Effective Date		
	Rural	Health Clinic			286.40	290.41	10/01/2018		
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate	Туре	:				
		Budget		X	Prospect	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Taylor							
<u>Di</u> :	stribution	<u>.</u>	W	/.Ryd	ell Samuel, Ad	ministrator #	~		
Fis	scal Agent		M	ledica	aid Cost Reimb	ursement Analy	sis		
Co	ontract Man	agement				·			
Pe	rmanent Fi	le							
Pro	Program Development:								



660100600 - 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

		Modicala Kombarcomont For Bio	min reactor re	<u> </u>	,,, ,,, <u>,</u>	titutiona.	TO VIGOTO			
Da	vid A. Miller, MI	D, PA		Provider Number : 660100600						
Ev	erglades Family	Medicine		Da	ite : 09	9/26/2018				
17	0 S. Barfield Hw	y #102		Fiscal Year End : N/A						
Pa	hokee, FL 3347	76		Au	dit Sta	tus : N/A				
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	X Rural	Health Clinic				79.13	80.24	10/01/2018		
	Swing	_J -Bed Provider								
	Feder	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rat	е Тур	oe :]				
١		 Budget		Χ		Prospect	ive			
•		Unaudited costs				- Total Pro	spective			
•		Desk audited costs				- Prospect	ive Adjusted for	New costs		
•		Field audited costs				_				
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cos	ts		
•		Collier				_				
	Distribution	n:		W R	vdell S	samuel Ad	ministrator #	ζ		
	Fiscal Agent	_					ursement Analy	sis		
	Contract Man	agement		.,,,	Jaia C	COC I COMING	a. Join one / mary	0.0		
	Permanent F									
	Program Dev	elopment:								



660103100 - 2018/10

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

Tallahassee, Florida 32308

Lak	ce Pediatrics			Pro	vider Number :	660103100	
				Date	e: 09/26/2018		
488	30 N Hwy 19A			Fisc	cal Year End : N	I/A	
Mt.	Dora, FI 32757			Aud	lit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic			80.23	81.35	10/01/2018
	Swing-	Bed Provider					
	Federa	Illy Qualified Health Centers					
	Hospic	e Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +	-)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	66 / H56 General Inpatient Care					
	#65	9 Room and Board					
ſ	Basis :		Rate	Тур	e:		
٠		Budget		Χ	 Prospect	ive	
-		Unaudited costs			Total Pro	spective	
-		Desk audited costs			Prospect	ive Adjusted for	New costs
-		Field audited costs					
-		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
_		Average Nursing Home Rate			Settleme	nt based on cos	its
_		Lake					
	Distribution		V	V.Ryo	dell Samuel, Ac	Iministrator M	 R
	Fiscal Agent		_			oursement Analy	rsis
	Contract Mana	agement				•	
	Permanent File	e					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



660109000 - 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

Ra	Raypar				Provider Number : 660109000					
Fa	mily Welln	ess Center		Date	: 09/26/2018					
10	64 North B	roadway Ave		Fiscal Year End : N/A						
Ва	rtow, FI 33	3830		Audi	t Status : N/A					
Pr	ovider Typ	De:		C	Current Rate	New Rate	Effective Date			
	X F	Rural Health Clinic			76.44	77.51	10/01/2018			
	S	Swing-Bed Provider								
	F	ederally Qualified Health Centers								
	H	lospice 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	s:	Rate	Туре	:					
'		Budget		Χ	Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	ts			
•		Polk								
	Distrib	ution:	W	V.Rvd	ell Samuel, Ad	ministrator #	~			
	Fiscal A	gent				ursement Analys				
	Contrac	t Management				,				
	Perman	ent File								
	Program	n Development:								



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 Dier	<u>n Rates for</u>	Non	-Institutional	<u>Providers</u>					
Bir	th & Bey	ond P.A		Provider Number : 660121900								
					Date	e : 09/26/2018						
13	26 SR 10	00			Fisc	al Year End : N	I/A					
Gr	andin, Fl	32138			Audit Status : N/A							
Pr	ovider T	уре:			C	Current Rate	New Rate	Effective Date				
	X	Rural I	Health Clinic			80.23	81.35	10/01/2018				
		Swing	-Bed Provider									
		Federa	ally Qualified Health Centers									
		Hospic	ce Provider									
		#65	51 / H51 Routine Home Care (1-60)									
		#65	51a / H5L Routine Home Care (61 +))								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Care -	SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	56 / H56 General Inpatient Care									
		#65	59 Room and Board									
	Bas	sis :	7	Rate	Туре	·:						
			LI Budget)	X	——I Prospect	ive					
			Unaudited costs			Total Pro	spective					
			Desk audited costs			Prospect	ive Adjusted for	New costs				
			Field audited costs									
			Medicare - Prospective	•		Interim						
)	X	Payment System Rate	•		Total Inte	erim					
			Average Nursing Home Rate			Settleme	nt based on cost	s				
			Putnam									
	Distri	bution	<u>.</u>	W	/.Rvd	lell Samuel, Ad	Iministrator	~				
	Fiscal	Agent					oursement Analys					
	Contra	act Mana	agement				,					
	Perma	nent Fil	е									
	Progra	am Deve	elopment:									
		For i	nformation Only (No Change in rate)									



660122700 - 2018/10

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

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



660123500 - 2018/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		modical a Normal Comment Tor Bit	Jiii itatoo io			uiioiiui	TO VIGOTO			
Do	ctor's Memorial	Family Medicine		Provider Number : 660123500						
D۱	//H Mayo Family	Medicine		Date: 09/26/2018						
Ρ.0	O. Box 228			Fis	Fiscal Year End : N/A					
Ma	ayo, FI 32066			Au	dit Sta	tus : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				158.80	161.02	10/01/2018		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60))							
	#6	51a / H5L Routine Home Care (61	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Тур	oe :]				
		Budget		Χ		Prospect	ive			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Lafayette				_				
	Distribution	<u>:</u>	<u> </u>	N.Rv	/dell S	amuel. Ad	ministrator #	ζ		
	Fiscal Agent		_				ursement Analy	sis		
	Contract Mana	agement					-			
	Permanent Fil	le								
	Program Development:									



660124300 - 2018/10

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

		Medicaid Reimbursement Per Dien	n Rates for	r Nor	<u>n-Institutional</u>	<u>Providers</u>				
Do	octor's Memorial	Family Practice		Provider Number : 660124300						
				Date	e : 09/26/2018					
17	02 S. Jefferson	St		Fisc	cal Year End :	N/A				
Рє	erry, FI 32348			Aud	lit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			107.4	8 108.98	10/01/2018			
	Swing	_J -Bed Provider				'				
	Feder	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care -	SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Тур	e:					
		Budget		Χ	Prospec	ctive				
		Unaudited costs			Total Pr	ospective				
		Desk audited costs			Prospec	tive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Int	terim				
		Average Nursing Home Rate			Settlem	ent based on cost	is			
		Taylor								
	Distribution	<u>ı:</u>	V	V.Ryo	dell Samuel, A	dministrator #	?			
	Fiscal Agent		_			bursement Analys	sis			
	Contract Man	agement				,				
	Permanent F	ile								
	Program Dev	elopment:								
	For	information Only (No Change in rate)								



660129400 - 2018/10

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

Tallahassee, Florida 32308

Far	nily Meid	cal Grou	p (Sebring)			Pro	ovider	Number :	660129400	
						Da	ite : 09	9/26/2018		
342	20 US 27	North				Fis	scal Ye	ear End : N	I/A	
Sel	oring, FI	33870				Au	dit Sta	atus : N/A		
Pro	vider Ty	pe:					Curr	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					81.01	82.14	4 10/01/2018
	,	Swing-E	Bed Provider							<u>'</u>
	İ	Federal	ly Qualified Health Centers							
	I	Hospice	Provider							
		#651	/ H51 Routine Home Care (1-60)							
		#651	a / H5L Routine Home Care (61 -	+)						
		#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care								
		#055	- SIA							
		#655	5 / H55 Inpatient Respite Care							
		#656	6 / H56 General Inpatient Care							
		#659	Room and Board							
ſ	Basi	is :		R	ate	Тур	oe :	7		
L			Budget			Χ		⊐ Prospect	ive	
-			Unaudited costs					– Total Pro	spective	
-			Desk audited costs					- Prospect	ive Adjusted for	New costs
-			Field audited costs					_		
-			Medicare - Prospective					- Interim		
	Х		Payment System Rate					Total Inte	erim	
-			Average Nursing Home Rate					Settleme	nt based on cos	sts
_			Highlands					_		
	Distrib	oution:			V	V.Ry	ydell S	Samuel, Ad	ministrator (
	Fiscal A	Agent			N	/ledi	caid C	Cost Reimb	ursement Analy	ysis
	Contrac	ct Manaç	gement							
	Permar	nent File								
	Prograr	m Devel	opment:							
		_ For in	formation Only (No Change in rate))						



660132400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		- MOGICAIA (COMIDALO COMO INC. 1 O. 1 DIC	Jiii itatoo			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iliational i	10110010	
Oa	k Hill Medical			Provider Number : 660132400					
					Da	te: 09	/26/2018		
18	5A North Rt. 1, F	PO Box 373			Fis	cal Ye	ar End : N	I/A	
Oa	k Hill, FL 32759)			Au	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic					78.88	79.98	10/01/2018
	Swing	-Bed Provider							<u>'</u>
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 -	+)						
	#6	#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care							
	#0	- SIA							
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		R	ate	Тур	ре :]		
ן נ		 Budget	<u> </u>		Χ		ı Prospecti	ive	
•		Unaudited costs					- Total Pro	spective	
-		Desk audited costs					Prospect	ive Adjusted for	New costs
-		Field audited costs					-		
-		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
-		Average Nursing Home Rate					Settleme	nt based on cos	ts
•		Volusia					_		
	Distribution			V	V.Ry	/dell S	amuel, Ad	ministrator #	ζ
	Fiscal Agent			_				ursement Analy	sis
	Contract Man	agement						·	
	Permanent Fi	le							
	Program Deve	elopment:							
	For	information Only (No Change in rate))						



660135900 - 2018/10

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

Tallahassee, Florida 32308

	= =		, iii itatoo				2004070			
No	rtn Florida Ped	diatrics -Sneads		Provider Number : 660135900						
						: 09/26/2018				
799	97 Hwy 90			F	Fisca	I Year End : N	I/A			
Sn	eads, FL 32460	0		F	Audit	Status : N/A				
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date		
	X Rural	Health Clinic				83.18	84.34	10/01/2018		
	Swing	g-Bed Provider								
	Feder	ally Qualified Health Centers								
	Hospi	ice Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6									
	#0	551 / 0561 Continuous Home Care								
	#6	555 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Ra	te T	уре	:				
ן נ		I Budget		X	,	Prospecti	ive			
•		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospecti	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		Average Nursing Home Rate				Settleme	nt based on cost	is		
-		Collier								
	Distribution	<u>ı:</u>		W.	Ryde	ell Samuel, Ad	ministrator #			
	Fiscal Agent			Me	edica	id Cost Reimb	ursement Analys	sis		
	Contract Man	nagement								
	Permanent F	ile								
	Program Dev	relopment:								
	For	information Only (No Change in rate))							



660137500 - 2018/10

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

Tallahassee, Florida 32308

Na	ture Coast Famil	y Health Services		Provider Number : 660137500							
					Da	te : 09	9/26/2018				
12	5 S.W. 7th Stree	t			Fis	cal Ye	ear End : N	I/A			
Wi	lliston, FL 32696	3			Audit Status : N/A						
Pr	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rural I	lealth Clinic					121.36	123.0	5 10/01/2018		
	Swing-	Bed Provider									
	Federa	Ily Qualified Health Centers									
	Hospic	e Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	i1a / H5L Routine Home Care (61 -	+)								
	#65										
	#05	51 / 0561 Continuous Home Care	- SIA	4							
	#65	55 / H55 Inpatient Respite Care									
	#65	66 / H56 General Inpatient Care									
	#65	9 Room and Board									
	Basis :]	Г	Rate	Тур	e :	7				
,	<u> </u>	∟ Budget	_		Χ		⊐ Prospect	ive			
•		Unaudited costs	_				– Total Pro	spective			
		Desk audited costs	_				- Prospect	ive Adjusted for	New costs		
•		Field audited costs	_				_				
•		Medicare - Prospective	_				Interim				
	X	Payment System Rate	_				Total Inte	erim			
•		Average Nursing Home Rate					Settleme	nt based on co	sts		
•		Collier					_				
	Distribution	<u>:</u>		V	V.Ry	dell S	Samuel, Ad	ministrator 7			
Fiscal Agent		Medicaid Cost Reimbursement Analysis						ysis			
	Contract Mana	agement									
	Permanent File	e									
	Program Deve	elopment:									
	For i)									



660140500 - 2018/10

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

Tallahassee, Florida 32308

An	ndres R. Villar, M.D.			Provider Number : 660140500						
					Da	ite : 09	9/26/2018			
P.C	D. Box 606				Fis	scal Y	ear End : N	I/A		
Gle	en St. Mary, FL	32040			Au	dit Sta	atus : N/A			
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date	
	X Rural H	lealth Clinic					79.50	80.62	10/01/2018	
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#65	1 / H51 Routine Home Care (1-60))						·	
	#65	1a / H5L Routine Home Care (61	+)							
	#65									
	#05	51 / 0561 Continuous Home Care	- SI	A						
	#65	55 / H55 Inpatient Respite Care								
	#65	66 / H56 General Inpatient Care								
	#65	9 Room and Board								
[Basis :	7	Γ	Rate	тур	э е :	7			
ι		⊔ Budget	L		X		⊒ Prospecti	ive		
•		Unaudited costs	-				– Total Pro	spective		
•		Desk audited costs	_				Prospect	ive Adjusted for	New costs	
•		Field audited costs	_				_			
•		Medicare - Prospective	_				_ Interim			
	X	Payment System Rate	_				Total Inte	erim		
•		Average Nursing Home Rate	_				Settleme	nt based on cos	ts	
•		Collier					_			
	<u>Distribution</u> :	<u> </u>		\	N.Ry	ydell S	Samuel, Ad	ministrator #		
Fiscal Agent			<u> </u>	Medi	caid (Cost Reimb	ursement Analy	rsis		
Contract Management								·		
	Permanent File	е								
	Program Deve	elopment:								
	For ir)								



660141300 - 2018/10

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

Tallahassee, Florida 32308

Wi	lliston Pediatrics	s, PA		Pro	vider	Number :	660141300	
				Dat	te : 09	/26/2018		
22	3 N. Main Street			Fisc	cal Ye	ar End : N	/A	
Wi	lliston, FL 3269	6		Auc	dit Sta	itus : N/A		
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic				78.74	79.84	4 10/01/2018
	Swing	-Bed Provider						'
	Federa	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +	.)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :	7	Rate	Тур	e :]		
		Budget		Χ		Prospecti	ve	
•		Unaudited costs				- Total Pro	spective	
		Desk audited costs				- Prospecti	ve Adjusted for	New costs
		Field audited costs				-		
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
•		Average Nursing Home Rate				Settleme	nt based on cos	sts
		Collier				_		
	Distribution		V	V.Ry	dell S	amuel, Ad	ministrator a	 R
Fiscal Agent		_				ursement Analy	/sis	
Contract Management							·	
	Permanent Fi	le						
	Program Dev	elopment:						
	For							



660142100 - 2018/10

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

Tallahassee, Florida 32308

Ra	endra P. Bellam MD			Provider Number : 660142100						
				D	ate:0	9/26/2018				
P.C	D. Box 69			F	iscal Y	ear End : N	I/A			
Ing	ılis, Fl 34449			Α	udit St	tatus : N/A				
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date		
	X Rural I	Health Clinic				63.37	64.25	5 10/01/2018		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 -	+)							
	#65	#652 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :		Rate	· Ty	/pe :					
ι		∟ Budget		X		⊔ Prospect	ive			
		Unaudited costs				— Total Pro	spective			
•		Desk audited costs				— Prospect	ive Adjusted for	New costs		
•		Field audited costs				<u> </u>				
•		Medicare - Prospective				 Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	sts		
•		Levy				_				
	Distribution	<u>:</u>	<u> </u>	N.F	 Rvdell	Samuel, Ad	ministrator 7	 R		
	Fiscal Agent		_				oursement Analy	/sis		
	Contract Mana	agement								
	Permanent Fil	е								
	Program Deve	elopment:								
	Eori	nformation Only (No Change in rate)	١							



660147200 - 2018/10

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

Tallahassee, Florida 32308

Do	ctor's Medical Ct	r of Walton Co, PA		F	Prov	ider Number :	660147200	
					Date	: 09/26/2018		
21	West Main St			F	Fisca	al Year End : N	I/A	
De	Funiak Springs,	FI 32435		F	Audi	t Status : N/A		
Pro	ovider Type:				C	Current Rate	New Rate	Effective Date
	X Rural H	lealth Clinic				83.38	84.55	10/01/2018
	Swing-	Bed Provider						
	Federa	Ily Qualified Health Centers						
	Hospid	e Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	1a / H5L Routine Home Care (61 -	+)					
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care	- SIA					
	#65	55 / H55 Inpatient Respite Care						
	#65	66 / H56 General Inpatient Care						
	#65	9 Room and Board						
	Basis :]	Rate	• T	уре	:		
ַ		Budget		Χ		Prospect	ive	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				Prospect	ive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Walton				<u> </u>		
	<u>Distribution</u> :	<u>.</u>		W.	Ryd	ell Samuel, Ad	ministrator #	ζ
	Fiscal Agent		-				ursement Analy	sis
	Contract Mana	agement					·	
	Permanent File	е						
	Program Deve	elopment:						
	For i)						



660151100 - 2018/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

			Modicard Rollingar Comont For E	Dioini itatoo it	<u>// / \ </u>	<u> </u>	<u>titutioiiui</u>	<u> </u>			
An	dres R.	Villar, M	.D		Provider Number : 660151100						
Cr	ildren's	Medical	Ctr-Mt. Vernon		Da	ate : 09	9/26/2018				
Ρ.	O. Box 6	606			Fis	Fiscal Year End : N/A					
GI	en St. M	lary, FI 3	32040		Audit Status : N/A						
Pr	ovider ⁻	Гуре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic				79.51	80.62	10/01/2018		
		Swing	-Bed Provider						1		
		Federa	ally Qualified Health Centers								
		Hospid	ce Provider								
		#6	51 / H51 Routine Home Care (1-6	60)							
		#6	51a / H5L Routine Home Care (6	1 +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Ca	re - SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	nsis :		Rate	e Ty∣	pe:	7				
			Budget		Х		Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Baker								
	Dist	ribution	<u>:</u>		W.R	vdell S	Samuel. Ac	Iministrator	?		
Fiscal Agent			-				oursement Analys	sis			
	Conti	act Mana	agement					,			
Permanent File											
	Program Development:										



660162600 - 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

Pu	tnam Ob		Provider Number : 660162600							
Pu	tnam Ob	stetrics	& Gynecology			Dat	e: 09/26	5/2018		
60	61 St. Jo	hns Ave	e, Ste A			Fisc	cal Year	End : N	I/A	
Pa	latka, FL	32177	6858			Auc	dit Status	: N/A		
Pre	ovider T	уре:					Current	Rate	New Rate	Effective Date
	X	Rural I	Health Clinic					82.21	83.36	10/01/2018
		Swing	-Bed Provider							
		Federa	ally Qualified Health Centers							
		Hospic	ce Provider							
		#65	51 / H51 Routine Home Care (1-6	60)						
	#651a / H5L Routine Home Care (61 +)									
		#65	52 / H52 Continuous Home Care							
		#05	551 / 0561 Continuous Home Car	re - SIA	4					
		#65	55 / H55 Inpatient Respite Care							
		#65	56 / H56 General Inpatient Care							
		#65	59 Room and Board							
	Ва	sis :]	T	Rate	Тур	e :			
'			Budget			Χ	P	rospect	ive	
			Unaudited costs	_			To	otal Pro	spective	
•			Desk audited costs				P	rospect	ive Adjusted for	New costs
•			Field audited costs							
•			Medicare - Prospective				In	terim		
		X	Payment System Rate				T	otal Inte	erim	
			Average Nursing Home Rate				S	ettleme	nt based on cos	ts
•			Collier							
	Distr	ibution	<u>.</u>		V	V.Rv	dell Sam	uel. Ad	Iministrator #	ζ
Fiscal Agent				_				oursement Analy	sis	
	Contra	act Mana	agement							
Permanent File										
	Program Development:									
		1 Togram Bevelopment.								



660164200 - 2018/10

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

Ph	Philip Colaizzo MD				Provider Number : 660164200							
					Date: 09/26/2018							
17	0 S. Bar	field Hw	у		Fisca	Fiscal Year End : N/A						
Pa	hokee, F	FI 33476	6		Audit Status : N/A							
Pr	ovider T	уре:			C	urrent Rate	New Rate	Effective Date				
	Χ	Rural	Health Clinic			79.11	80.22	10/01/2018				
		Swing	-Bed Provider									
		Federa	ally Qualified Health Centers									
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-60)									
		#6	51a / H5L Routine Home Care (61 +)								
		#6	52 / H52 Continuous Home Care									
		#0	551 / 0561 Continuous Home Care	- SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
	Ва	sis :		Rate	туре	:]						
'			Budget		Х	Prospect	ive					
'			Unaudited costs			Total Pro	spective					
			Desk audited costs			Prospect	ive Adjusted for	New costs				
			Field audited costs									
			Medicare - Prospective			Interim						
		X	Payment System Rate			Total Inte	erim					
			Average Nursing Home Rate			Settleme	nt based on cost	ts				
			Palm Beach									
	Distr	ibution			W.Ryd	ell Samuel, Ad	ministrator #	?				
Fiscal Agent			Medicaid Cost Reimbursement Analysis									
	Contra	act Man	agement									
Permanent File Program Development:												
			elopment:									
For information Only (No Change in rate)												



660167700 - 2018/10

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

Tallahassee, Florida 32308

So	uthern Family H	lealthcare. PA		Pro	vider	Number :	660167700				
	, ·					9/26/2018					
P.C	D. Box 692					ear End : N	I/A				
	ipley, FL 3242	8		Audit Status : N/A							
Dra	ovider Type:				Curr	ent Rate	New Rate	Eff	ective Date		
		Health Clinic			Cuii	77.62			10/01/2018		
		g-Bed Provider				77.02	70.7	1	10/01/2010		
		rally Qualified Health Centers									
		ice Provider									
		551 / H51 Routine Home Care (1-60)									
		551a / H5L Routine Home Care (61 +									
		552 / H52 Continuous Home Care	- ·								
		0551 / 0561 Continuous Home Care	- SIA								
		555 / H55 Inpatient Respite Care	- OIA								
		556 / H56 General Inpatient Care									
		559 Room and Board									
	#035 Room and Board										
	Basis :		Rate	Тур	е:						
		Budget		Χ		Prospect	ive				
_		Unaudited costs				Total Pro	spective				
		Desk audited costs				Prospect	ive Adjusted fo	r Nev	v costs		
_		Field audited costs				_					
		Medicare - Prospective				Interim					
_	Х	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on co	sts			
		Collier									
	Distribution	l <u>n:</u>	V	W.Ry	dell S	Samuel, Ad	ministrator	 R			
	Fiscal Agent			Medicaid Cost Reimbursement Analysis							
Contract Management Permanent File											
Program Development:											
	For										



660174000 - 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

Ch	ildren's	Medical	Center - Alachua		Р	rovide	r Number :	660174000				
Ch	ildren's	Medical	Center - Alachua		С	ate : 0	ate: 09/26/2018					
14	681 N.W	/. Hwy 4	41		F	iscal Y	scal Year End : N/A					
Ala	achua, F	L 3261	5		А	Audit Status : N/A						
Pr	ovider 1	уре:				Curi	rent Rate	New Rate	Effective Date			
	X	Rural	Health Clinic				76.52	77.59	10/01/2018			
		Swing	-Bed Provider									
		Federa	ally Qualified Health Centers									
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-6	60)								
		#6	51a / H5L Routine Home Care (6	1 +)								
	#652 / H52 Continuous Home Care											
		#0	551 / 0561 Continuous Home Ca	re - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
	Ва	sis :	7	Ra	te Ty	ype :	7					
'			Budget		Х		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospective Adjusted for New costs					
			Field audited costs				_					
			Medicare - Prospective				 Interim					
		X	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				_ Settleme	nt based on cost	ts			
			Alachua				_					
	Distr	ibution	<u>.</u>		W.F	Rvdell	Samuel, Ac	Iministrator #	<u> </u>			
Fiscal Agent						oursement Analys	sis					
	Contr	act Man	agement					.,				
Permanent File												
	Program Development:											



660176600 - 2018/10

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

Tallahassee, Florida 32308

Wi	Iliston Family Pra	actice		Pro	vider Number :	660176600	
				Date	e: 09/26/2018		
11	1 West Noble Av	re .		Fisc	cal Year End : N	I/A	
Wi	lliston, FL 32696	5		Aud	lit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic			78.95	80.05	10/01/201
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	Hospid	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +	+)				
	#65	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	56 / H56 General Inpatient Care					
	#65	59 Room and Board					
	Basis :		Rate	Тур	e :		
		∟ Budget		Χ	——— Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cos	ts
		Levy					
	Distribution	<u> </u>	V	V.Ryo	dell Samuel, Ad	ministrator #	ζ
	Fiscal Agent					oursement Analy	sis
	Contract Mana	agement				·	
	Permanent Fil	е					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



660181200 - 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 Die	em Rates for	<u>r Nor</u>	<u>n-Institutional</u>	<u>Providers</u>					
Sunr	rise Primary C	Care - Summit Ave		Pro	vider Number	: 660181200					
				Date: 09/26/2018							
811	N. Summit St			Fisc	cal Year End :	N/A					
Cres	cent City, FL	32112		Aud	lit Status : N/A						
Prov	vider Type:				Current Rate	New Rate	Effective Date				
	X Rural	Health Clinic			78.8	2 79.93	10/01/2018				
	Swin	g-Bed Provider									
	Fede	rally Qualified Health Centers									
	Hosp	ice Provider									
	#6	651 / H51 Routine Home Care (1-60)				'					
	#6	551a / H5L Routine Home Care (61 -	+)								
	#6	552 / H52 Continuous Home Care									
	#(0551 / 0561 Continuous Home Care	- SIA								
	#6	655 / H55 Inpatient Respite Care									
	#6	556 / H56 General Inpatient Care									
	#6	659 Room and Board									
	Basis :		Rate	Тур	e :						
-		Budget		Χ	——— Prospec	ctive					
		Unaudited costs			Total Pr	ospective					
		Desk audited costs	·		Prospec	ctive Adjusted for	New costs				
		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total In	terim					
		Average Nursing Home Rate			Settlem	ent based on cost	s				
		Putnam									
	Distribution	l <u>n:</u>	V	V.Rvo	dell Samuel, A	dministrator #	,				
	Fiscal Agent		_			bursement Analys	sis				
	Contract Mar	nagement				.,					
	Permanent F	ile									
	Program Dev	velopment:									
	For	information Only (No Change in rate))								



660182100 - 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

Pediatri	cs in Breva	rd - Cocoa Beach	F	Provider Number : 660182100						
Pediatri	cs in Breva	rd, PA		Date : 09	9/26/2018					
699 W.	Cocoa Bea	ch Cswy	F	iscal Ye	ear End : N	I/A				
Cocoa I	Beach, FL	32931	A	Audit Sta	atus : N/A					
Provide	er Type:			Curr	ent Rate	New Rate	Effective Date			
Х	Rural	Health Clinic			78.79	79.90	10/01/2018			
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)								
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care -	SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	1	Rate T	ype :	7					
		Budget	X		Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	Х	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	is			
		Brevard								
<u>Di</u>	stribution	<u> </u> <u> </u>	W.	Rydell S	Samuel. Ad	Iministrator	?			
Fis	cal Agent					oursement Analys	sis			
Contract Management						~,				
Pe	rmanent Fil	le								



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

			modicala Rombarcomoner or	<u>Dioini itatoo i</u>	<u> </u>	JO	titutional	<u> TOTIGOTO</u>				
Pe	diatrics	in Breva		Provider Number : 660183900								
Pe	diatrics	in Breva	rd, PA		Da	ate : 09	9/26/2018					
17	55 Hlbis	cus Blv	t		Fis	Fiscal Year End : N/A						
Me	elbourne	, FL 329	901		Audit Status : N/A							
Pr	ovider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date			
	X	Rural	Health Clinic				78.79	79.90	10/01/2018			
		Swing	-Bed Provider									
		Federa	ally Qualified Health Centers									
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-	60)								
	#651a / H5L Routine Home Care (61 +)											
	#652 / H52 Continuous Home Care											
		#0	551 / 0561 Continuous Home Ca	re - SIA								
		#6	55 / H55 Inpatient Respite Care									
		#6	56 / H56 General Inpatient Care									
		#6	59 Room and Board									
	Ва	ısis :	7	Rat	е Ту	pe:	7					
'			 Budget		Χ		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs				- Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				- Interim					
		Χ	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	S			
			 Brevard				_					
	Distr	ibution	<u>ı:</u>		W.R	vdell S	Samuel. Ad	ministrator #				
Fiscal Agent							oursement Analys	sis				
Contract Management												
Permanent File												
	Program Development:											



660184700 - 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

		=	modicara itomisarcomone i oi s	10111 110	1100 101 11	<u> </u>	titutional	<u> TOVIGOTO</u>				
Pe	ediatrics in Brevard - Woods Dr				Provider Number : 660184700							
Pe	diatrics in	n Brevar	d, PA		Da	Date: 09/26/2018						
13	4 S. Woo	ds Dr			Fis	Fiscal Year End : N/A						
Ro	ckledge,	FL 329	55		Audit Status : N/A							
Pr	ovider Ty	ype:				Curr	ent Rate	New Rate	Effective Date			
	X	Rural H	lealth Clinic				78.79	79.90	10/01/2018			
		Swing-	Bed Provider									
		Federa	Ily Qualified Health Centers									
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	0)								
		#65	1a / H5L Routine Home Care (61	+)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Car	e - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Bas	sis :]		Rate Ty	pe :	1					
			Budget		Х		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs				_					
•			Medicare - Prospective				Interim					
	>	<	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	ts			
			Brevard									
	Distri	bution:			W.R	vdell S	Samuel. Ad	ministrator #	~			
Fiscal Agent							oursement Analys	sis				
Contract Management							,					
Permanent File												
	Program Development:											



660187100 - 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

			Medicaid Neillibursement Fer D	rieiii ivales io	1 140	<u> </u>	titutionai	<u>FIOVIUEIS</u>			
Su	'Lake Medical Group, PA					Provider Number : 660187100					
Su	n 'N Lal	ke Medio	cal Group		Da	ate: 09/26/2018					
49	58 Sun	' N Lake	Blvd		Fis	scal Year End : N/A					
Se	bring, F	L 33872	2		Αu	udit Status : N/A					
Pro	ovider ⁻	Туре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic				78.94	80.04	10/01/2018		
		Swing	_J -Bed Provider								
		Feder	ally Qualified Health Centers								
		Hospi	ce Provider								
	#651 / H51 Routine Home Care (1-60)										
		#6	51a / H5L Routine Home Care (61	l +)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Car								
	#655 / H55 Inpatient Respite Care										
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	asis :	7	Rate	Ту	pe:	7				
•			Budget		Χ		Prospect	ive			
			Unaudited costs			Total Prospective					
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
•			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Highlands								
	Dist	ributior	<u>ı:</u>		۷.R ^۰	vdell S	Samuel, Ac	Iministrator	•		
Fiscal Agent Contract Management			_				oursement Analys	sis			
							,				
Permanent File											
	Program Development:										



660189800 - 2018/10

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

Tallahassee, Florida 32308

No	orthwest Florida F		Provider Number : 660189800								
				Date: 09/26/2018							
13	60 Brickyard Rd.			Fis	cal Year	End : N	I/A				
Ch	ipley, FL 32428			Aud	dit Status	: N/A					
Pr	ovider Type:				Current	Rate	New Rate	Effective Date			
	X Rural I	Health Clinic				78.82	79.93	3 10/01/2018			
	Swing	-Bed Provider									
	Federa	Illy Qualified Health Centers									
	Hospid	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (61 +	+)								
	#65	52 / H52 Continuous Home Care									
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :		Rate	Тур	e :						
		Budget		Χ	 Pi	ospect	ive				
		Unaudited costs			T	otal Pro	spective				
		Desk audited costs			Pı	ospect	ive Adjusted for	New costs			
		Field audited costs									
		Medicare - Prospective			In	terim					
	X	Payment System Rate			To	otal Inte	erim				
		Average Nursing Home Rate			Se	ettleme	nt based on cos	sts			
		 Washington									
	Distribution	<u>.</u> <u>:</u>	V	W.Ry	dell Sam	uel, Ad	ministrator a				
Fiscal Agent			_				ursement Analy	ysis			
Contract Management											
	Permanent Fil	e									
	Program Deve	elopment:									
	For i										



660200200 - 2018/10

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

Tallahassee, Florida 32308

Ga	arcia Medical Clinic			Provider Number : 660200200						
				Date: 09/26/2018						
41	1 E. Nelson Ave	nue		Fi	iscal Y	ear End : N	I/A			
De	funiak Springs, F	FL 32433		Audit Status : N/A						
Pro	ovider Type:				Curi	rent Rate	New Rate	Effective Date		
	X Rural I	Health Clinic				78.81	79.92	10/01/2018		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 -	+)							
	#65									
	#0	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :		Rate	Ту	pe :	7				
ι		∟ Budget		X		∟ Prospect	ive			
•		Unaudited costs				– Total Pro	spective			
•		Desk audited costs				– Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				_ Interim				
	X	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				_ Settleme	nt based on cos	ts		
		 Walton				_				
	Distribution	<u>:</u>	<u> </u>	N.R	Rydell	Samuel, Ad	Iministrator M	z		
	Fiscal Agent		_				oursement Analy	rsis		
	Contract Mana	agement					,			
	Permanent Fil	е								
	Program Deve	elopment:								
	Eori	nformation Only (No Change in rate)	١							



660204500 - 2018/10

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

Tallahassee, Florida 32308

Ch	iefland Medical (Center		Provider Number : 660204500						
				Date	e: 09/26/2018					
11	13 N. W. 23rd A	/e		Fisc	al Year End : N	I/A				
Ch	iefland, FL 3262	26		Aud	it Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			77.16	78.24	10/01/2018			
	Swing-	-Bed Provider					<u>'</u>			
	Federa	Illy Qualified Health Centers								
	Hospic	ce Provider								
	#65	51 / H51 Routine Home Care (1-60)								
	#65	51a / H5L Routine Home Care (61 -	+)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	56 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Basis :		Rate	Туре	e :					
,		∟ Budget		Χ	——— Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
,		Field audited costs								
		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cos	ts			
•		Levy								
	Distribution		V	V.Ryo	dell Samuel, Ad	ministrator //	ζ			
Fiscal Agent			_			oursement Analy	sis			
	Contract Mana	agement				•				
	Permanent Fil	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate))							



660205300 - 2018/10

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

Tallahassee, Florida 32308

		Modicala Rollingal Collicit Co. Bio	min itatoo		11011	montationari	10110010			
The	e Medical Cente	er LLC		Provider Number : 660205300						
				I	Date	: 09/26/2018				
204	454 N.E. Finley	Ave		ı	Fisca	al Year End : N	I/A			
Blo	ountstown, FL 3	32424		,	Audi	t Status : N/A				
Pro	ovider Type:				С	Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic				78.64	79.74	10/01/2018		
	Swing	g-Bed Provider								
	Feder	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 -	+)							
	#6									
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Ra	te T	Гуре	:				
ן נ		 Budget		Х	(Prospecti	ive			
•		Unaudited costs	· ·			Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	s		
•		Calhoun								
	Distribution	<u>ı:</u>		W.	.Ryd	ell Samuel, Ad	ministrator #	~		
	Fiscal Agent						ursement Analys	sis		
	Contract Man	agement					,			
	Permanent F	ile								
	Program Dev	elopment:								
	For	information Only (No Change in rate))							



660209600 - 2018/10

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

Tallahassee, Florida 32308

Cla	Clark Clinic			Provider Number : 660209600							
				Date : 09/26/2018							
212	2 S. Florida St			Fiscal Year End : N/A							
Bu	shnell, FL 3351	3		Au	dit Sta	atus : N/A					
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	X Rural I	Health Clinic				78.59	79.69	10/01/2018			
	Swing	-Bed Provider									
	Federa	ally Qualified Health Centers									
	Hospic	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (61 +	-)								
	#65										
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
ſ	Basis :		Rate	Тур	e :	7					
ן		Budget		Χ		⊐ Prospect	ive				
-		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs				_					
-		Medicare - Prospective				_ Interim					
	Χ	Payment System Rate				Total Inte	erim				
•		Average Nursing Home Rate				Settleme	nt based on cos	ts			
		Sumter				_					
	Distribution	<u>.</u> <u>:</u>	V	W.Ry	dell S	Samuel, Ad	ministrator #	 R			
	Fiscal Agent						ursement Analy	rsis			
	Contract Mana	agement					,				
	Permanent Fil	е									
	Program Deve	elopment:									
	For i										



660212600 - 2018/10

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

Tallahassee, Florida 32308

		modicala Kollingaroomonti or Bio	m natoo		10	<u> </u>	10114010		
Мо	hammad Afzal/E	Excel Pediatrics & Family Care		Provider Number : 660212600					
					Date :	: 09/26/2018			
265	Citrus Tower B	Blvd		F	Fiscal	Year End : N	/A		
Cle	ermont, FL 3471	11908		F	Audit	Status : N/A			
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date	
	X Rural I	Health Clinic				83.42	84.59	10/01/2018	
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospid	ce Provider							
	#65	51 / H51 Routine Home Care (1-60)							
	#65	51a / H5L Routine Home Care (61 -	+)						
	#65								
	#0	551 / 0561 Continuous Home Care	- SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	56 / H56 General Inpatient Care							
	#65	59 Room and Board							
	Basis :		Ra	te T	ype :	:]			
.		Budget		X		Prospecti	ve		
-		Unaudited costs				Total Pro	spective		
-		Desk audited costs				Prospect	ve Adjusted for	New costs	
-		Field audited costs	-						
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
		Average Nursing Home Rate				Settleme	nt based on cost	ts	
		Lake							
	Distribution	<u>.</u> <u>:</u>		W.	Ryde	II Samuel, Ad	ministrator	?	
	Fiscal Agent			Me	dicai	d Cost Reimb	ursement Analys	sis	
	Contract Mana	agement					·		
	Permanent Fil	е							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate))						



660218500 - 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 Die	m Rates fo	<u>r Noi</u>	n-Inst	itutional	<u>Providers</u>			
Dw	ight Pe	ter Tiu/A	cute Care Pediatrics		Provider Number : 660218500						
					Dat	e : 09	/26/2018				
13	01 Reid	St			Fisc	cal Ye	ar End : N	I/A			
Pa	latka, F	L 32178	3		Audit Status : N/A						
Pr	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic				78.59	79.69	10/01/2018		
		Swing	-Bed Provider								
		Feder	ally Qualified Health Centers								
		Hospi	ce Provider								
		#6	51 / H51 Routine Home Care (1-60)								
		#6	51a / H5L Routine Home Care (61 +	-)							
		#6	52 / H52 Continuous Home Care								
		#0	551 / 0561 Continuous Home Care	- SIA							
		#6	55 / H55 Inpatient Respite Care								
		#6	56 / H56 General Inpatient Care								
		#6	59 Room and Board								
	Ва	ısis :		Rate	Тур	e :]				
'			Budget		Χ		ı Prospect	ive			
,			— Unaudited costs				- Total Pro	spective			
,			Desk audited costs				- Prospect	ive Adjusted for	New costs		
,			Field audited costs				-				
,			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	S		
			 Putnam				-				
	Distr	ibution		V	N.Rvo	dell S	amuel, Ad	ministrator #	,		
	Fisca	l Agent		_				ursement Analys	sis		
	Contr	act Man	agement					•			
	Perm	anent Fi	le								
	Progr	am Dev	elopment:								
		For	information Only (No Change in rate)								



660219300 - 2018/10

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

Tallahassee, Florida 32308

Fai	mily Medical	Group, P.A.		Pro	vider Numbe	r:6	660219300				
	•			Date: 09/26/2018							
105	5 Tomoka Bl	vd South		Fiscal Year End : N/A							
Lał	ke Placid, FL	33852		Audit Status : N/A							
Pro	ovider Type	:			Current Rat	е	New Rate	Effective Date			
	X Ru	ral Health Clinic			78	.59	79.69	10/01/2018			
	Sw	ring-Bed Provider									
	Fe	derally Qualified Health Centers									
	Но	spice Provider									
		#651 / H51 Routine Home Care (1-60)								
		#651a / H5L Routine Home Care (61	+)								
		#652 / H52 Continuous Home Care									
		#0551 / 0561 Continuous Home Care	e - SIA								
		#655 / H55 Inpatient Respite Care									
		#656 / H56 General Inpatient Care									
		#659 Room and Board									
ſ	Basis :		Rate	Тур	e:						
<u></u>		Budget	<u> </u>	Х	Prosp	ecti	ve				
-		Unaudited costs			Total I	Pros	spective				
-		Desk audited costs			Prosp	ecti	ve Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective			Interin	n					
	Χ	Payment System Rate			Total I	nte	rim				
		Average Nursing Home Rate			Settle	mer	nt based on cos	ts			
		Highlands									
	Distribut	<u>ion:</u>	I V	V.Ry	dell Samuel,	Adı	ministrator #	ζ			
	Fiscal Age	ent	_				ursement Analy	sis			
	Contract N	Management Management					·				
	Permanen	nt File									
	Program [Development:									
	F	·)									



660220700 - 2018/10

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

Tallahassee, Florida 32308

DF	S Walk-In Clinic			Provider Number : 660220700							
				С)ate :	09/26/2018					
9 V	V. Orange Ave			Fiscal Year End : N/A							
De	funiak Springs, F	FL 32435		Audit Status : N/A							
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date			
	X Rural I	Health Clinic				78.59	79.69	10/01/2018			
	Swing	-Bed Provider									
	Federa	Illy Qualified Health Centers									
	Hospid	ce Provider									
	#65	51 / H51 Routine Home Care (1-60)									
	#65	51a / H5L Routine Home Care (61 -	+)								
	#65										
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :		Rate	· Ty	ype :						
		∟ Budget		Χ		——I Prospect	ive				
•		Unaudited costs				 Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
		Field audited costs									
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate	_		•	Total Inte	erim				
•		Average Nursing Home Rate				Settleme	nt based on cos	ts			
•		Walton									
	Distribution	<u>:</u>	,	 ∕V.F	 Ryde	II Samuel, Ad	ministrator M	 R			
	Fiscal Agent		_				oursement Analy	rsis			
	Contract Mana	agement					•				
	Permanent Fil	е									
	Program Deve	elopment:									
	For i	١									



660226600 - 2018/10

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

Tallahassee, Florida 32308

DJF	IRJ2 Inc			Provider Number : 660226600						
				D	ate	: 09/26/2018				
484	SW Commerce	Drive		F	iscal	l Year End : N	/A			
Lak	e City, FL 3202	51508		Audit Status : N/A						
Pro	vider Type:				Cı	urrent Rate	New Rate	Effective Date		
	X Rural H	lealth Clinic				78.59	79.69	10/01/2018		
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#65	1 / H51 Routine Home Care (1-60)								
	#65	1a / H5L Routine Home Care (61 -	+)							
	#65									
	#05	51 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	66 / H56 General Inpatient Care								
	#65	9 Room and Board								
Γ	Basis :]	Rate	· Ty	ype :	:]				
		Budget		Χ		 Prospecti	ve			
_		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospecti	ve Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Columbia								
	<u>Distribution:</u>	<u> </u>		<i>N</i> .F	Ryde	ell Samuel, Ad	ministrator #	?		
	Fiscal Agent		_	Иe	dicai	d Cost Reimb	ursement Analys	sis		
	Contract Mana	agement					•			
	Permanent File	е								
	Program Deve	elopment:								
	For ir)								



660230400 - 2018/10

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

Tallahassee, Florida 32308

Fy	oress Care o	f Leeshura		Pro	vider I	Number :	660230400				
-/		1 20000019		Date : 09/26/2018							
250	00 Citrus Blv	d		Fiscal Year End : N/A							
	esburg, FL 3					tus : N/A	//A				
LE	ssburg, FL 3	94740		Au	uit Stai	ius . IN/A					
Pro	ovider Type:	•			Curre	nt Rate	New Rate	Effective Date			
	X Ru	ral Health Clinic				78.59	79.69	10/01/2018			
	Sw	ing-Bed Provider									
	Fed	derally Qualified Health Centers									
	Ho	spice Provider									
		#651 / H51 Routine Home Care (1-60)								
		#651a / H5L Routine Home Care (61	+)								
		#652 / H52 Continuous Home Care									
		#0551 / 0561 Continuous Home Care	e - SIA								
		#655 / H55 Inpatient Respite Care									
		#656 / H56 General Inpatient Care									
		#659 Room and Board									
ſ	Basis :		Rate	Тур	e:						
·		Budget		Х		ı Prospecti	ve				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				Prospect	ve Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	X	Payment System Rate				Total Inte	rim				
-		Average Nursing Home Rate				Settleme	nt based on cos	its			
•		Lake									
	<u>Distribut</u>	<u>ion:</u>	<u> </u>	N.Ry	dell Sa	amuel, Ad	ministrator W				
	Fiscal Age	ent	Medicaid Cost Reimbursement Analysis								
	Contract M	/lanagement									
	Permanen	t File									
	Program D	Development:									
	For information Only (No Change in rate)										



660232100 - 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

Dawn Rene, Inc					Provider Number : 660232100							
Vei	rnon Far	mily Hea	Ith Center		Da	te : 09	9/26/2018					
302	27 Main	St			Fis	Fiscal Year End : N/A						
Vei	rnon, FL	32462			Au	Audit Status : N/A						
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date			
	X	Rural I	Health Clinic				72.72	73.74	10/01/2018			
		Swing-	Bed Provider					1				
		Federa	Illy Qualified Health Centers									
		Hospic	e Provider									
		#65	51 / H51 Routine Home Care (1-60)								
		#65	51a / H5L Routine Home Care (61	+)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Care	- SIA								
		#65	55 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ba	sis :]	F	Rate Typ	oe :	1					
٠			Budget		Х		Prospect	ive				
-			Unaudited costs				Total Pro	spective				
-			Desk audited costs				- Prospect	ive Adjusted for	New costs			
-			Field audited costs				_					
-			Medicare - Prospective				Interim					
		X	Payment System Rate	-			Total Inte	erim				
-			Average Nursing Home Rate				Settleme	nt based on cos	ts			
_			Washington									
	Distr	ibution	<u>.</u>	1	W.R\	/dell S	Samuel. Ad	ministrator #				
	Fiscal	Agent						oursement Analy				
	Contra	act Mana	agement									
	Perma	anent Fil	e									
	Progra	am Deve	elopment:									



660233900 - 2018/10

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

Tallahassee, Florida 32308

Jackson County Hospital				Provider Number: 660233900						
				Date: 09/26/2018						
4318 5th Avenue				Fiscal Year End : N/A						
Ма	rianna, FL 324	46		Aud	dit Stat	us : N/A				
Pro	Provider Type:					nt Rate	New Rate	Effective Date		
	X Rural	Health Clinic				78.54	79.64	10/01/2018		
	Swing	-Bed Provider						<u>'</u>		
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#651 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	-)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rate	Тур	e :					
١		Budget	L	Χ		Prospect	ive			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospecti	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	sts		
		Jackson								
	Distribution		V	V.Ry	dell Sa	muel, Ad	ministrator a	 R		
	Fiscal Agent		_	Medicaid Cost Reimbursement Analysis						
	Contract Man					ĺ				
	Permanent Fi	le								
	Program Dev	elopment:								
	For	information Only (No Change in rate)								



660236300 - 2018/10

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

Tallahassee, Florida 32308

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:					Cu	irrent Rate	New Rate	Effective Date		
	X Rural F	lealth Clinic				75.98	77.04	10/01/2018		
	Swing-	Bed Provider								
	Federa	Ily Qualified Health Centers								
	Hospic	e Provider								
#651 / H51 Routine Home Care (1-60)										
	#65	1a / H5L Routine Home Care (61 -	+)							
	#65	2 / H52 Continuous Home Care								
	#05	51 / 0561 Continuous Home Care	- SIA							
	#65	5 / H55 Inpatient Respite Care								
	#65	6 / H56 General Inpatient Care								
	#65	9 Room and Board								
	Basis :]	Rate	· Ty	ype :					
-		Budget		Χ		 Prospect	ive			
		Unaudited costs				— Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
	Χ	Payment System Rate	-			Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Putnam								
	Distribution:			N.F	Rydel	I Samuel, Ad	ministrator #	ζ		
	Fiscal Agent		_	Medicaid Cost Reimbursement Analysis						
	Contract Management						·			
	Permanent File	е								
	Program Deve	lopment:								
	For ir	nformation Only (No Change in rate))							