

000640100 - 2019/10

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	rovider Number : 000640100						
Hendry Regional Convenient Care Center		Da	te: 09/27/20	19					
450 S. Main Street, Suite 1		Fis	scal Year End : N/A						
Labelle, FL 33935		Au	idit Status : N/A						
Provider Type:			Current Rat	e Nev	w Rate	Effective Date			
Rural Health Clinic			122	.68	124.52	10/01/2019			
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	pe:						
Budget		Χ	Prosp	ective					
Unaudited costs			Total	Prospec	ctive				
Desk audited costs			Prosp	ective A	Adjusted for I	New costs			
Field audited costs									
Medicare - Prospective			Interir	n					
X Payment System Rate			Total	nterim					
Average Nursing Home Rate			Settle	ment ba	ased on cost	s			
Hendry	'								

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

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis



000707900 - 2019/10

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	ate: 09/27/2019					
10	06 W. Pleasant	Street		Fis	scal Year End : N/A					
Αv	on Park, FL 338	3252966		Αu	Audit Status : N/A					
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				83.63	84.89	10/01/2019		
	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	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		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		
		Highlands				-				
	Distribution	<u> </u>	1	۷.R ^۰	ydell S	amuel, Ad	ministrator #	2		
	Fiscal Agent		-				ursement Analy	sis		
	Contract Man	agement								
	Permanent Fi	le								
	Program Dev	elopment:								



002351900 - 2019/10

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

		Wedicald Kellibursellient Fer Die	III INALES IO	1140	<u> </u>	itutionai	FIOVILLEIS			
Liv	ve Oak HMA, LL		Pr	rovider Number : 002351900						
Sh	ands Live Oak F	RHC		Date: 09/27/2019						
14	26 Canyon Aver	nue, NE, Unit B		Fiscal Year End : N/A						
Liv	e Oak, FL 3206	64		Audit Status : N/A						
Pr	ovider Type:				Curre	nt Rate	New Rate	Effective Date		
	Rural	Health Clinic				140.77	142.88	10/01/2019		
	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	Туј	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				
	Х	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Suwannee				•				
	Distribution	 <u>1:</u>	V	۷.R	vdell S	amuel. Ad	ministrator #	,		
	Fiscal Agent		_				ursement Analys	sis		
	Contract Man	agement					· , ·			
	Permanent F	ile								
	Program Dev	elopment:								



002352500 - 2019/10

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	C		Date	ate: 09/27/2019				
15	50 S. Water Stre	et		Fisc	al Year End : N	N/A			
Sta	arke, FL 320914	511		Aud	it Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic			173.81	176.42	10/01/2019		
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospic	ce Provider							
	#65	51 / H51 Routine Home Care (1-60)							
	#6	51a / H5L Routine Home Care (61 +	.)						
	#6	52 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care	- SIA						
	#65	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#65	59 Room and Board							
	Basis :		Rate	Туре	e :				
٠		Budget		Χ	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 cost	s		
-		Bradford							
	Distribution	l <u>:</u>	V	V.Rvo	dell Samuel, Ad	dministrator	,		
	Fiscal Agent		_			oursement Analys			
	Contract Mana	agement							
	Permanent Fil	e							
	Program Deve	elopment:							



002954700 - 2019/10

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	Adventist Health Systems- FL Hosp. Heartland Med Ctr			Provider Number: 002954700						
Flo	orida Hospital Wa	auchula Pioneer Medical Center		Date	Date: 09/27/2019					
51	5 Carlton Street			Fisca	iscal Year End : N/A					
W	auchula, FL 338	733407		Audi	udit Status : N/A					
Pr	ovider Type:			C	Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			118.64	120.42	10/01/2019			
	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	у 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			
		Hardee								
	Distribution		\	W.Rvd	lell Samuel, Ad	ministrator #	?			
	Fiscal Agent		_			ursement Analys	sis			
	Contract Man	agement			-	,				
	Permanent Fi	le								
	Program Deve	elopment:								



002954704 - 2019/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ad	ventist Health Sy	Provider Number : 002954704								
Flo	orida Hospital Wa	auchula Frostproof Family Health		D	Date: 09/27/2019					
20	0 S Scenic High	vay		F	Fiscal Year End : N/A					
Fro	ostproof, FL 338	343		A	udit St	atus : N/A				
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic				120.58	122.39	10/01/201		
	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								
	Basis :		Rate	e Ty	ype :	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 Polk				Settleme -	nt based on cost	is .		
	Distribution	L <u>:</u>	,	W.F	Rydell S	Samuel, Ac	Iministrator	?		
	Fiscal Agent		Ī	Med	dicaid (Cost Reimb	oursement Analys	sis		
	Contract Mana	agement								
	Permanent Fil	е								
	Program Deve	elopment:								



005955000 - 2019/10

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 For Bio	<u> </u>		J	<u>titutionai</u>	110114010			
Ca	alhoun Liberty Ho	ospital Assoc.		Pr	ovider	Number :	005955000			
Ca	alhoun Liberty Ho	ospital Primary Care Clinic		Da	ate : 09	9/27/2019				
20	370 NE Burns A	ve.		Fiscal Year End : N/A						
Blo	ountstown, FL 3	24241045		Αu	ıdit Sta	atus : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				85.47	86.75	10/01/2019		
	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 :	7	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 cost	ts		
		Calhoun								
	Distribution	<u></u>	<u> </u>	۷.R ^۰	vdell S	amuel. Ad	ministrator #	ζ		
	Fiscal Agent		_				oursement Analy	sis		
	Contract Man	agement					,			
	Permanent Fi	le								
	Program Dev	elopment:								



008004300 - 2019/10

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

Tallahassee, Florida 32308

Sa	acred Heart Medical Group on the Gulf			Provider Number: 008004300							
				Date: 09/27/2019							
55	Avenue E			F	Fiscal	I Year End : N	I/A				
Ар	alachicola, FL	323201763		Audit Status : N/A							
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic				120.11	121.91	10/01/2019			
	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 :		Rat	e T	уре	:]					
١		Budget		X	<u></u>	 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>ı:</u>		W.	Ryde	ell Samuel, Ad	ministrator W	<u> </u>			
	Fiscal Agent		-	Me	edicai	d Cost Reimb	ursement Analy	rsis			
	Contract Man	nagement					·				
	Permanent F	ile									
	Program Dev	relopment:									
	For	information Only (No Change in rate))								



010834300 - 2019/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Modrodia Rombarcomone For Bre	min reactor	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	intationa i	TO VIGOTO				
Ва	ker County Medi	Provider Number: 010834300									
Ва	ker Rural Health	Clinic		Date: 09/27/2019							
15	9 N 3rd Street			Fis	Fiscal Year End : N/A						
Ma	acclenny, FL 320	0632103		Au	dit Sta	itus : N/A					
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic				120.10	121.90	10/01/2019			
	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									
	Basis :		Rat	е Тур	oe :]					
		Budget		Χ		Prospect	ive				
•		Unaudited costs				Total Pro	spective				
		Desk audited costs				Prospect	ive Adjusted for	New costs			
		Field audited costs				_					
•		Medicare - Prospective				Interim					
	X	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Baker									
	Distribution	<u>:</u>		W.R	/dell S	amuel. Ad	ministrator #	~			
	Fiscal Agent						ursement Analy	sis			
	Contract Mana	agement				_	,				
	Permanent Fil	е									
	Program Deve	elopment:									



018056100 - 2019/10

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 Hospital				Provider Number : 018056100						
Се	ntury Medical Co	enter		Date	Date : 09/27/2019					
84	01 N Century Bl	LVD		Fisc	Fiscal Year End : N/A					
Се	ntury, FI 32535			Audit Status : N/A						
Pre	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			80.22	81.42	10/01/2019			
	Swing	-Bed Provider					1			
	Federa	ally Qualified Health Centers								
	Hospie	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	Туре	e :					
•		Budget		Х	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		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 cost	rs			
•		Escambia								
	Distribution			V.Rvo	dell Samuel, Ac	Iministrator #				
	Fiscal Agent		_			oursement Analy				
	Contract Mana	agement								
	Permanent Fil	le								
	Program Deve	elopment:								



253668401 - 2019/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

He	endry Family Car	e Ctr		Prov	vider Number :	253668401			
Fo	rbes Family Car	e Ctr		Date	ate: 09/27/2019				
50	0 West Sagamo	re Ave		Fisc	al Year End : N	I/A			
Cle	ewiston, FI 3344	10		Audi	it Status : N/A				
Pr	ovider Type:			(Current Rate	New Rate	Effective Date		
	Rural	Health Clinic			146.51	148.71	10/01/2019		
	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							
#0551 / 0561 Continuous Home Care - SIA			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				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
•		Hendry							
	Distribution		V	V.Rvd	lell Samuel, Ac	Iministrator #	~		
	Fiscal Agent		_			oursement Analy			
	Contract Man	agement							
	Permanent Fi	le							
	Program Deve	elopment:							



372384401 - 2019/10

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

Tallahassee, Florida 32308

He	althmark of Wal	ton		Pro	vide	Number :	372384401	
				Dat	te : 0	9/27/2019		
44	15 US Hwy 331			Fis	cal Y	ear End : N	I/A	
De	Funiak Springs,	FI 32435		Aud	dit St	atus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				152.77	155.07	10/01/2019
	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							
	#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	<u> </u>	Χ		⊐ Prospect	ive	
		Unaudited costs				– Total Pro	spective	
		Desk audited costs	-			– Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				_ Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Walton				_		
	Distribution		V	V.Ry	dell S	Samuel, Ad	ministrator #	ζ
Fiscal Agent		_				ursement Analy	sis	
Contract Management						•		
	Permanent Fi	ile						
	Program Dev	elopment:						
	For	information Only (No Change in rate)						



660005100 - 2019/10

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

Tallahassee, Florida 32308

Chipley RHC				Provider Number : 660005100					
				Da	ate: 09/27/2019				
Ρ.(O. Box 918			Fis	scal Year End : N	I/A			
Ch	ipley, FI 32428			Αι	ate: 09/27/2019 scal Year End: N/A udit Status: N/A Current Rate New Rate Effective Da 108.98 110.62 10/01/20				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic			108.98	110.62	10/01/2019		
	Swing-	Bed Provider							
	Federa	Ily Qualified Health Centers							
	Hospid	e Provider							
	#65	11 / H51 Routine Home Care (1-60)							
	#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care								
	#05	51 / 0561 Continuous Home Care -	SIA						
	#65	5 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :]	Rate	Ту	pe:				
,		Budget		X	Prospec	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	is		
		Washington							
	<u>Distribution</u> :	<u> </u>		V.R	ydell Samuel, Ac	Iministrator	~		
	Fiscal Agent	_	Medicaid Cost Reimbursement Analysis						
	Contract Management					,			
	Permanent File	е							
	Program Development:								
	For information Only (No Change in rate)								



660037900 - 2019/10

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

Tallahassee, Florida 32308

Blo	ountstown Family	Practice	, iii itat	Pr	ovider Number :	660037900	
	Januara III. I. January	1 1404.00			ate: 09/27/2019		
17	808 NE Charley	Johns St			scal Year End : I	N/A	
	ountstown, FL 32				idit Status : N/A	***	
Dr	ovider Type:				Current Rate	New Rate	Effective Date
FI		Health Clinic			83.37		
		Bed Provider			00.07	04.02	10/01/2013
		Illy Qualified Health Centers			-		
		e Provider					
	-	51 / H51 Routine Home Care (1-60)					
		51a / H5L Routine Home Care (61 -			-		
		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 :		
ļ	D 4313 .	_ Budget		X	Prospec	tive	
		Unaudited costs				ospective	
,		_ Desk audited costs	_			tive Adjusted for	New costs
		Field audited costs			<u> </u>	,	
ij		Medicare - Prospective			 Interim		
	Χ	Payment System Rate	_		Total Int	erim	
		Average Nursing Home Rate			Settleme	ent based on cos	ts
ı.		Calhoun					
	<u>Distribution</u>	<u> </u>		W.R	ydell Samuel, Ad	dministrator #	
	Fiscal Agent					oursement Analy	sis
Contract Management						·	
	Permanent Fil	e					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



660037901 - 2019/10

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

Мо	onticello Family N	Medicine		Prov	vider Number :	660037901	
				Date	e: 09/27/2019		
154	49. S. Jefferson	St		Fisc	cal Year End : I	N/A	
Мо	onticello, FL 323	44		Aud	lit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic			83.37	84.62	10/01/2019
	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 :		Rate	Туре	e :		
٠		Budget		Х	Prospec	tive	
•		Unaudited costs			Total Pro	ospective	
•		Desk audited costs			Prospec	tive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Int	erim	
		Average Nursing Home Rate			Settleme	ent based on cost	ts
		Jefferson					
	Distribution		V	N.Rvo	dell Samuel, A	dministrator #	~
	Fiscal Agent		_			oursement Analy	
	Contract Mana	agement					
	Permanent Fil	le					
	Program Deve	elopment:					



660037902 - 2019/10

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

Tallahassee, Florida 32308

Qι	uincy Medical Gro	cy Medical Group _aSalle Dr			ovider	Number :	660037902		
				Da	te : 09	9/27/2019			
17	8 LaSalle Dr			Fis	cal Y	ear End : N	I/A		
Qι	uincy, FI 32351			Au	dit Sta	atus : N/A			
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural H	lealth Clinic				83.37	84.62	2 10/01/2019	
	Swing-	Bed Provider							
	Federa	Ily Qualified Health Centers							
	Hospid	e Provider							
	#65	51 / H51 Routine Home Care (1-60)							
	#65	i1a / H5L Routine Home Care (61 +	-)						
	#65	2 / H52 Continuous Home Care							
	#05	551 / 0561 Continuous Home Care	- SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :		Rate	Тур	ре :	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	
		 Gadsden				_			
	<u>Distribution</u> :	<u> </u>	V	W.Ry	dell S	Samuel, Ad	ministrator a	 R	
Fiscal Agent		_	Medicaid Cost Reimbursement Analysis						
	Contract Mana	agement					·		
	Permanent File	е							
	Program Deve	elopment:							
	For i								



660037903 - 2019/10

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

Tallahassee, Florida 32308

Wa	akulla Family Me	dicine		Pro	vider	Number :	660037903		
				Da	te : 09	9/27/2019			
15	Council Moore F	Rd		Fis	cal Ye	ear End : N	I/A		
Cr	awfordville, Fl 32	2327		Au	dit Sta	atus : N/A			
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic				83.37	84.6	2 10/01/2019	
	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							
	Basis :		Rate	Тур	e :	7			
		Budget		Х		⊐ Prospect	ive		
		Unaudited costs	-			– Total Pro	spective		
		Desk audited costs				- Prospect	ive Adjusted for	New costs	
		Field audited costs				_			
		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cos	sts	
		Wakulla				_			
	Distribution		V	V.Rv	dell S	Samuel, Ad	ministrator a		
Fiscal Agent Contract Management			_	Medicaid Cost Reimbursement Analysis					
							•		
	Permanent Fil	e							
	Program Deve	elopment:							
	For i								



660049201 - 2019/10

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 : 09	9/27/2019		
12	7-C Redstone A	ve		Fisc	cal Ye	ear End : N	I/A	
Cr	estview, FL 325	539		Aud	dit Sta	ntus : N/A		
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				84.40	85.66	10/01/2019
	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 :	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		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Okaloosa						
	Distribution	<u>ı:</u>	V	V.Ry	dell S	amuel, Ad	ministrator W	Z.
	Fiscal Agent		_				ursement Analy	sis
Contract Management							·	
	Permanent F	ile						
	Program Dev	elopment:						
	For	information Only (No Change in rate)						



660058100 - 2019/10

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 Medica	ai Centei		Date: 09/27/2019						
10	45 US Hwy 331,	Ste D			scal Year End : N	Ι/Δ				
	Funiak, FL 3243				dit Status : N/A	·/^				
D C	ir urlian, i E 3240	JO		Au	ait Otatus . TV/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic			84.40	85.66	10/01/2019			
	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	59 Room and Board								
	Basis :	7	ГВ	ate Typ	<u> </u>					
	Dasis .	_ Budget	<u></u>	X	Prospect	ive				
		Unaudited costs			Total Pro					
		Desk audited costs				ive Adjusted for	New costs			
		Field audited costs				ive Adjusted for	14CW 00313			
		Medicare - Prospective			 Interim					
	Χ	Payment System Rate			Total Inte	arim				
		Average Nursing Home Rate				nt based on cost	·e			
		- Walton				in basea on cosi				
		waiton								
	Distribution			W.Ry	/dell Samuel, Ad	ministrator #	~			
	Fiscal Agent			Medi	caid Cost Reimb	oursement Analys	sis			
Contract Management						·				
	Permanent File	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



660083200 - 2019/10

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

Tallahassee, Florida 32308

La	ke Butler Hospit	al RHC		Pro	vider	Number :	660083200	
				Dat	te : 0	9/27/2019		
85	0 E Main St			Fis	cal Y	ear End : N	/A	
La	ke Butler, FL 32	2054		Aud	dit St	atus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				165.65	168.14	10/01/2019
	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							
	#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		
'		Budget	L	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 cos	ts
		Union				_		
	Distribution		V	V.Ry	dell S	Samuel, Ad	ministrator //	ζ
Fiscal Agent		_				ursement Analy	sis	
Contract Management							,	
	Permanent Fi	le						
	Program Dev	elopment:						
	For	information Only (No Change in rate)						



660092100 - 2019/10

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 Rollingaroomont For Bio	Jiii itatoo io			illational	<u> TOVIGOTO</u>	
Do	ctor's Memorial		Pro	ovider	Number :	660092100		
Ste	einhatchee Fami	ly Center		Da	te : 09	/27/2019		
12	09 First Ave S.			Fis	cal Ye	ar End : N	I/A	
Ste	einhatchee, FI 3	2359		Au	dit Sta	tus : N/A		
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				290.41	294.76	10/01/2019
	Swing	-Bed Provider					1	
	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		
	Χ	Payment System Rate	1			Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
•		Taylor				_		
	Distribution	<u>.</u>	<u> </u>	۷.R۱	/dell S	amuel. Ad	ministrator #	
	Fiscal Agent		_				oursement Analys	 sis
	Contract Mana	agement	·					
	Permanent Fil	e						
	Program Deve							



660122700 - 2019/10

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

Tallahassee, Florida 32308

No	orthwest Florida Community Hospital				Pro	vider Nun	nber :	660122700		
					Date	e: 09/27/	2019			
32	50 Main Street				Fisc	al Year E	end : N	I/A		
Ve	rnon, FL 32462				Aud	lit Status	: N/A			
Pr	ovider Type:					Current I	Rate	New Rate	Effec	tive Date
	Rural I	Health Clinic				1	22.05	123.8	8 1	0/01/2019
	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								
	Basis :			Rate	Тур	e :				
		∟ Budget			X	Pro	ospecti	ive		
		Unaudited costs				To	tal Pro	spective		
		Desk audited costs				Pro	ospecti	ive Adjusted fo	r New c	osts
		Field audited costs								
		Medicare - Prospective				Inte	erim			
	X	Payment System Rate				To	tal Inte	erim		
		Average Nursing Home Rate				Se	ttleme	nt based on co	sts	
		Washington								
	Distribution	<u>.</u> <u>:</u>		V	V.Ryo	dell Samu	ıel, Ad	ministrator (F	
Fiscal Agent				N	/ledic	aid Cost	Reimb	ursement Anal	ysis	
Contract Management										
	Permanent Fil	e								
	Program Deve	elopment:								
	For information Only (No Change in rate)									



660123500 - 2019/10

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

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Medicine DMH Mayo Family Medicine				Pro	vider Numbe	er:	660123500				
DMH M	ayo Family	Medicine		Dat	e : 09/27/20	19					
P.O. Bo	x 228			Fisc	Fiscal Year End : N/A						
Mayo, F	T 32066			Auc	lit Status : N	/A					
Provide	er Type:				Current Rat	e	New Rate	Effective Date			
	Rural I	lealth Clinic			161	.02	163.44	10/01/2019			
	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	52 / H52 Continuous Home Care									
	#05	551 / 0561 Continuous Home Care	- SIA								
	#65	55 / H55 Inpatient Respite Care									
	#65	66 / H56 General Inpatient Care									
	#65	9 Room and Board									
	Basis :]	Rate	Тур	e :						
		Budget		Χ	Prosp	ect	ive				
		Unaudited costs			Total	Pro	spective				
		Desk audited costs			Prosp	ect	ive Adjusted for	New costs			
		Field audited costs									
		Medicare - Prospective			Interir	n					
	Χ	Payment System Rate			Total	Inte	erim				
		Average Nursing Home Rate			Settle	me	nt based on cos	ts			
		Lafayette									
Di	stribution	<u> </u>	V	V.Rv	dell Samuel,	Ad	ministrator #	ζ			
Fis	scal Agent		_				ursement Analy				
Co	ontract Mana	agement									
Pe	rmanent Fil	е									
Pro	ogram Deve	elopment:									



660124300 - 2019/10

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

Tallahassee, Florida 32308

Do	ctor's Memorial		Provider Number : 660124300						
					Da	te : 0	9/27/2019		
1702 S. Jefferson St					Fiscal Year End : N/A				
Perry, FI 32348					Audit Status : N/A				
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic					108.98	110.62	10/01/2019
	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									
	#65	55 / H55 Inpatient Respite Care							
	#65	56 / H56 General Inpatient Care							
	#65	59 Room and Board							
	Basis :	7		Rate	Тур	oe :	1		
,		∟ Budget			Х		⊐ 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 cos	its
•		Taylor							
	Distribution	<u>.</u>		V	W.Ry	/dell S	Samuel, Ad	ministrator #	 R
	Fiscal Agent			Medicaid Cost Reimbursement Analysis					
	Contract Mana						•		
	Permanent Fil								
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)						