



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 000640100
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	124.52	126.89	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

000707900 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health System	Provider Number : 000707900
Family Practice Center of Avon Park	Date : 09/24/2020
1006 W. Pleasant Street	Fiscal Year End : N/A
Avon Park, FL 338252966	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	84.89	86.50	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 002351900
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	142.88	145.60	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

002352500 - 2020/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 002352500
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	176.42	179.77	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

002954700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health Systems- FL Hosp. Heartland Med Ctr	Provider Number : 002954700
Florida Hospital Wauchula Pioneer Medical Center	Date : 09/24/2020
515 Carlton Street	Fiscal Year End : N/A
Wauchula, FL 338733407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	120.42	122.71	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

002954704 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Adventist Health System Sunbelt	Provider Number : 002954704
Florida Hospital Wauchula Frostproof Family Health	Date : 09/24/2020
200 S Scenic Highway	Fiscal Year End : N/A
Frostproof , FL 33843	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	122.39	124.71	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

005955000 - 2020/10

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

Calhoun Liberty Hospital Assoc.	Provider Number : 005955000
Calhoun Liberty Hospital Primary Care Clinic	Date : 09/24/2020
20370 NE Burns Ave.	Fiscal Year End : N/A
Blountstown, FL 324241045	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	86.75	88.40	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

008004300 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Sacred Heart Medical Group on the Gulf	Provider Number : 008004300
	Date : 09/24/2020
55 Avenue E	Fiscal Year End : N/A
Apalachicola, FL 323201763	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	121.91	124.23	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

010834300 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 010834300
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	121.90	124.22	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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106170600 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Franklin County BoCC	Provider Number : 106170600
Weems Med Ctr West	Date : 09/24/2020
PO Box 580	Fiscal Year End : N/A
Apalachicola, FL 32329	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	86.31	87.95	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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106362400 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Franklin County BoCC
Weems Med Ctr East
PO Box 580
Apalachicola, FL 32329

Provider Number : 106362400
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	86.31	87.95	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 253668401
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	148.71	151.53	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
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Medicaid Cost Reimbursement Analysis



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660037900 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Blountstown Family Practice	Provider Number : 660037900
	Date : 09/24/2020
17808 NE Charley Johns St	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	84.62	86.22	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
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660037901 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Monticello Family Medicine	Provider Number : 660037901
	Date : 09/24/2020
1549. S. Jefferson St	Fiscal Year End : N/A
Monticello, FL 32344	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	84.62	86.22	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
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#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660037902 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Quincy Medical Group	Provider Number : 660037902
	Date : 09/24/2020
178 LaSalle Dr	Fiscal Year End : N/A
Quincy, FL 32351	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	84.62	86.22	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wakulla Family Medicine	Provider Number : 660037903
	Date : 09/24/2020
15 Council Moore Rd	Fiscal Year End : N/A
Crawfordville, Fl 32327	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	84.62	86.22	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

660049201 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gateway Medical Clinic - Crestview
 127-C Redstone Ave
 Crestview, FL 32539

Provider Number : 660049201
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	85.66	87.29	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Okaloosa Medical Center	Provider Number : 660058100
	Date : 09/24/2020
1045 US Hwy 331, Ste D	Fiscal Year End : N/A
DeFuniak, FL 32435	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	85.66	87.29	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660083200 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Butler Hospital RHC	Provider Number : 660083200
	Date : 09/24/2020
850 E Main St	Fiscal Year End : N/A
Lake Butler, FL 32054	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	168.14	171.33	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Hospital
 Steinhatchee Family Center
 1209 First Ave S.
 Steinhatchee, Fl 32359

Provider Number : 660092100
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	294.76	300.36	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660122700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northwest Florida Community Hospital	Provider Number : 660122700
	Date : 09/24/2020
3250 Main Street	Fiscal Year End : N/A
Vernon, FL 32462	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	123.88	126.23	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660123500 - 2020/10

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	Provider Number : 660123500
DMH Mayo Family Medicine	Date : 09/24/2020
P.O. Box 228	Fiscal Year End : N/A
Mayo, Fl 32066	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	163.44	166.54	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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Florida Agency for Health Care Administration

660124300 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Practice	Provider Number : 660124300
	Date : 09/24/2020
1702 S. Jefferson St	Fiscal Year End : N/A
Perry, FL 32348	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	110.62	112.72	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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