

000255800 - 2019/10

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

Tallahassee, Florida 32308

The	e Health C	linic		Pro	ovider	Number :	000255800			
				Da	ate: 09/27/2019					
13	51 South E	Blvd		Fis	cal Ye	ear End : N	I/A			
Ch	ipley, FL	32428		Au	dit Sta	atus : N/A				
Pro	ovider Ty	De:			Curr	ent Rate	New Rate	Effective Date		
	X F	Rural Health Clinic				79.82	81.02	10/01/2019		
	5	Swing-Bed Provider								
	F	Federally Qualified Health Centers								
	ŀ	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	e - SIA							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
		#659 Room and Board								
	Basi	s:	Rate	Тур	e :	7				
١.		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		
		Washington				_				
	Distrib	<u>ution:</u>	ν	W.Ry	dell S	Samuel, Ad	ministrator W	 R		
Fiscal Agent			_				ursement Analy	/sis		
Contract Management							,			
	Perman	ent File								
	Progran	n Development:								
	For information Only (No Change in rate)									



000387200 - 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

Acı	ute Care	e Pediati	rics of Palm Coast, PA						000387200	
						Da	te : 09)/27/2019		
397	7 SW P	alm Coa	st Parkway, #309			Fis	cal Ye	ear End : N	I/A	
Pa	m Coas	st, FL 32	2137			Au	dit Sta	itus : N/A		
Pro	ovider 7	Гуре:					Curre	ent Rate	New Rate	Effective Date
	Χ	Rural	Health Clinic					79.82	81.02	10/01/2019
		Swing	-Bed Provider						,	
		Federa	ally Qualified Health Centers							
		Hospi	ce Provider							
		#6	51 / H51 Routine Home Care (1-60	0)						
		#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							
	Ва	ısis :			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		
_		Χ	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Flagler					_		
	Distr	ibution	<u>.</u> <u>:</u>		V	V.Ry	/dell S	amuel, Ad	ministrator M	Z
	Fisca	l Agent			_				ursement Analy	sis
	Contr	act Man	agement						·	
	Perm	anent Fi	le							
	Progr	am Dev	elopment:							



000997400 - 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

Healthflo Medical Clinic, Inc. Ridge Manor Medical Clinic				Р	rovide	Number :	000997400				
Ric	lge Mai	nor Medi	cal Clinic		D	ate : 0	9/27/2019				
34	498 Co	rtez Blvd			Fi	Fiscal Year End : N/A					
Ric	lge Mai	nor, FL(335238908		Α	udit St	atus : N/A				
Pro	ovider	Туре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic				79.82	81.02	10/01/2019		
		Swing	-Bed Provider								
		Feder	ally Qualified Health Centers								
		Hospi	ce Provider								
		#6	51 / 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								
	Ва	asis :		Ra	te 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 cost	is		
•			Hernando				_				
	Dist	ribution	<u>ı:</u>		W.R	Rydell S	Samuel, Ad	ministrator #	?		
Fiscal Agent						oursement Analys	sis				
Contract Management											
	Perm	nanent Fi	le								
Program Development:											



001165800 - 2019/10

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

Tallahassee, Florida 32308

		Modrodid Rollingar Complete Co. Dio	m natoo i	<u> </u>	THE INCLINATION OF THE PROPERTY OF THE PROPERT	<u> </u>	
Lit	tle Pine Pediatric	es, PLLC		Pro	ovider Number :	001165800	
				Da	te: 09/27/2019		
17	02 S Jefferson S	t		Fis	scal Year End : N	I/A	
Pe	rry, FL 32348			Au	dit Status : N/A		
Pr	ovider Type:				Effective Date		
	X Rural I	Health Clinic			79.82	81.02	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 :	7	Rat	te Typ	pe :		
		_l Budget		X	 Prospect	ive	
		Unaudited costs	-			spective	
		Desk audited costs	-			ive Adjusted for	New costs
		Field audited costs	1			•	
		Medicare - Prospective	-		 Interim		
	X	Payment System Rate	-		Total Inte	erim	
		Average Nursing Home Rate	1		Settleme	nt based on cost	s
		– Taylor					
	Distribution			W D.	rdall Camual Aa	Iminiatrotor /k	2
	Fiscal Agent	<u>-</u>			/dell Samuel, Ad		
	Contract Mana	agement		wear	caiu cost reimi	oursement Analy	010
	Permanent Fil						
	Program Deve						
	_						
	FOI I	nformation Only (No Change in rate)					



001165803 - 2019/10

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

Tallahassee, Florida 32308

Lit	tle Pine Pediatri		Pro	ovider	Number :	001165803		
				Da	te : 09	9/27/2019		
19	4 NE Hancock A	Ave		Fis	cal Ye	ear End : N	I/A	
Ma	adison, Fl 32340)		Au	dit Sta	ntus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic				80.22	81.4	2 10/01/201
	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	ре :	1		
ı		Budget		Х		Prospecti	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospecti	ive Adjusted for	r 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
		Madison						
	Distribution	<u>ı:</u>	\ \	W.Ry	/dell S	amuel, Ad	ministrator a	
	Fiscal Agent		_				ursement Analy	ysis
	Contract Management						·	
	Permanent Fi	le						
	Program Dev	elopment:						
	For)						



001165807 - 2019/10

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

Tallahassee, Florida 32308

Litt	tle Pine Pediatrio	cs-Alachua			Prov	ider Number :	001165807		
					Date	: 09/27/2019			
15	260 NW 147th D	Prive			Fisca	al Year End : N	I/A		
Ala	achua, FL 3261	5			Audi	t Status : N/A			
Pr	ovider Type:				C	urrent Rate	New Rate	Effective Date	
	X Rural	Health Clinic				79.82	81.02	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	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 cos	ts	
·		 Taylor							
	Distribution	<u></u>		W	V.Ryd	ell Samuel, Ad	ministrator	~	
	Fiscal Agent Contract Management			Medicaid Cost Reimbursement Analysis					
	Permanent Fi	le							
	Program Deve	elopment:							
	For)							



001524200 - 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

Αv	on Park	Pediatri	cs, PA		Pro	ovider	Number :	001524200	
					Da	ite : 09	9/27/2019		
15	71 US F	Hwy 27 N	orth		Fis	scal Ye	ear End : N	I/A	
Αv	on Park	, FL 338	25		Au	dit Sta	atus : N/A		
Pro	ovider	Туре:				Curr	ent Rate	New Rate	Effective Date
	X	Rural I	Health Clinic				79.73	80.92	10/01/2019
		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					
		#65	55 / H55 Inpatient Respite Care						
		#65	56 / H56 General Inpatient Care						
		#6	59 Room and Board						
	Ва	asis :		Ra	te Ty	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
-			Highlands				_		
	Distr	ribution	<u>:</u>		W.R	vdell S	Samuel. Ad	ministrator #	ζ
	Fisca	l Agent						oursement Analy	
	Contr	ract Mana	agement					,	
	Perm	anent Fil	е						
	Progr	ram Deve	elopment:						



001532500 - 2019/10

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

Tallahassee, Florida 32308

	•	modical a Normal Comont 1 of Biol	iii itatoo i	0	mountational	1 10110010			
No	rth Florida Pedia	trics - Lake City		Provider Number: 001532500					
				Da	ite: 09/27/2019				
18	59 SW Newland	Way		Fis	scal Year End : N	I/A			
Lal	ke City, FL 3202	56966		Au	dit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural H	Health Clinic			84.34	85.61	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	2 / H52 Continuous Home Care							
	#05	51 / 0561 Continuous Home Care	- SIA						
	#65	55 / H55 Inpatient Respite Care							
	#65	66 / H56 General Inpatient Care							
	#65	9 Room and Board							
	Basis :		Ra	te Typ	oe :				
ι		」 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		
•		Columbia							
	<u>Distribution</u> :	<u> </u>		W.R	ydell Samuel, Ac	Iministrator #			
	Fiscal Agent					oursement Analy	sis		
	Contract Mana	agement				,			
	Permanent File	е							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)							



001534800 - 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 I	Diem Rates for	r Nor	n-Institutional	<u>Providers</u>				
North Florida F	Pediatrics - Jasper		Pro	Provider Number : 001534800					
			Date	e: 09/27/2019					
1117 US High	way 41 NW, Suite B		Fisc	al Year End : N	I/A				
Jasper, FL 32	0525856		Aud	it Status : N/A					
Provider Type	e:			Current Rate	New Rate	Effective Date			
X Ru	ural Health Clinic			84.34	85.61	10/01/2019			
Sv	ving-Bed Provider								
Fe	derally Qualified Health Centers								
Н	ospice Provider								
	#651 / H51 Routine Home Care (1-6	60)							
	#651a / H5L Routine Home Care (6	1 +)							
	#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	:	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 cost	ts			
	Hamilton								
<u>Distribu</u>	tion:	I	V.Rvo	dell Samuel, Ad	ministrator #	~			
Fiscal Ag	Fiscal Agent				oursement Analys				
Contract I	Management								
Permanei	Permanent File								
Program	Development:								



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

001589500 - 2019/10

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

Tallahassee, Florida 32308

West Florida Medical Associates, PA	Pi	ovider Number : 001589500				
Suncoast Primary Care Specialists - Inverness	Da	ate: 09/27/2019				
3733 Gulf To Lake Hwy.	Fi	scal Year End : N	I/A			
Inverness, FL 344534830	Aı	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		79.80	81.00	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 - SI	4					
#655 / H55 Inpatient Respite Care						
#656 / H56 General Inpatient Care						
#659 Room and Board						
Basis :	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 cost	ts		
Citrus						
<u>Distribution:</u>	WR	ydell Samuel, Ac	Iministrator #	~		
Fiscal Agent		licaid Cost Reimb		sis		
Contract Management	IVIOC		a. John on thinky	0.0		
Permanent File						



001768600 - 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

Tri County Primary Care - Dixie Co. 306 NE Hwy 351 Cross City, FL 32628 Provider Type: Current Rate X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #6514 / H51 Routine Home Care (61 +) #652 / H52 Continuous Home Care #655 / H55 Inpatient Respite Care #659 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Average Nursing Home Rate Dixie Distribution: Fiscal Agent Contract Management Permanent File Program Development: Current Rate New Rate Effective Date Audit Status: N/A Current Rate New Rate Fiscal Year End: N/A Audit Status: N/A Current Rate New Rate Fiscal Year End: N/A Audit Status: N/A Fiscal Year End: Niver Fiscal Year End: Niver Audit Status: N/A Fiscal Year End: Niver Fiscal Year End: Niver Audit Status: N/A Fiscal Year End: Niver Fisc	Tri	County	Primary	Care, Inc.		Pı	rovider	Number :	001768600		
306 NE Hwy 351 Cross City, FL 32628 Provider Type:			•				Pate: 09/27/2019				
Cross City, FL 32628 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 / H56 General Inpatient 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 Dixie Distribution: Fiscal Agent Contract Management Permanent File Effective Date Fifective Date Fifec							iscal 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 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #655 / H55 Inpatient Respite 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 Distribution: Fiscal Agent Contract Management Permanent File			•	528		Αι	udit Sta	atus : N/A			
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H51 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:	Pro	ovider 1	Гуре:				Curr	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 #659 Room and Board Rate Type:		Х	Rural	Health Clinic				79.80	81.00	10/01/2019	
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					1		
#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	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 #659 Room and Board Basis:			Hospi	ce 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 :			#6	51 / H51 Routine Home Care (1-6	60)						
#0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type :			#6	51a / H5L Routine Home Care (6	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 Ca	re - SIA						
#659 Room and Board Basis :			#6	55 / H55 Inpatient Respite Care							
Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dixie 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			#6	56 / H56 General Inpatient Care							
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dixie Distribution: Fiscal Agent Contract Management Permanent File Rose Audited costs Frospective Prospective Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			#6	59 Room and Board							
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dixie Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Prospective Adjusted for New costs Prospective Adjusted for New costs What is a second of the cost of		Ва	ısis :		Rat	е Ту	pe:	7			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dixie 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	Ì			Budget		Х		Prospect	ive		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dixie 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 Dixie Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs 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 Dixie 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 Dixie 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 cos	ts	
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File				Dixie				_			
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File		Distr	ibution	<u>:</u>		W.R	tydell S	Samuel, Ad	ministrator #	~	
Contract Management Permanent File	Fiscal Agent							sis			
		Contr	act Man	agement							
Program Development:		Perm	anent Fil	le							
	Program Development:										



002074400 - 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

Wa	kulla U	rgent Ca	re and Diagnostic Ctr PLC		Pro	ovider	Number :	002074400	
					Da	ite : 09	9/27/2019		
261	15 Craw	fordville	Hwy, Suite 103		Fis	scal Ye	ear End : N	I/A	
Cra	wfordvi	lle, FL 3	23272169		Au	dit Sta	atus : N/A		
Pro	vider 1	уре:				Curre	ent Rate	New Rate	Effective Date
	X	Rural I	Health Clinic				79.81	81.01	10/01/2019
		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						
ſ	Ва	sis :		R	ate Ty _l	oe :]		
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	its
-			 Wakulla				_		
	Distr	ibution	<u>:</u>		W.R	ydell S	Samuel, Ad	ministrator W	 R
	Fisca	l Agent						ursement Analy	
	Contr	act Mana	agement					,	
	Perm	anent Fil	е						
	Progr	am Deve	elopment:						



002335400 - 2019/10

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

Tallahassee, Florida 32308

Su	n n Lake Medic	al Group - Lake Placid			vider Number :	002335400					
				Date	e: 09/27/2019						
51	1 West Interlake	e Blvd.		Fiscal Year End : N/A							
La	ke Placid, FL 3	3852		Aud	it Status : N/A						
Pre	ovider Type:				Current Rate	New Rate	Effective Date				
	X Rural	Health Clinic			79.81	81.01	10/01/2019				
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hospi	ce Provider									
	#6										
	#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						
	Χ	Payment System Rate			Total Inte	erim					
		Average Nursing Home Rate			Settleme	nt based on cos	ts				
•		Highlands									
	Distribution	<u>ı:</u>	V	V.Ryo	dell Samuel, Ac	Iministrator W					
	Fiscal Agent		_			oursement Analy	rsis				
	Contract Man	agement				·					
	Permanent F	ile									
	Program Dev	elopment:									
	For	information Only (No Change in rate)									



002952100 - 2019/10

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

Tallahassee, Florida 32308

Pe	diatric & Internal	Medicine Specialists, PA		Prov	vider Number :	002952100	
		<u>'</u>		Date	e : 09/27/2019		
PC) Box 2066			Fisc	al Year End : N	N/A	
Le	canto, FL 34461			Aud	it Status : N/A		
Pre	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic			79.97	81.17	7 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	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	Туре	e :		
·		Budget		Χ	Prospect	tive	
•		Unaudited costs	-		Total Pro	ospective	
•		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	sts
		Citrus					
	Distribution	<u> </u> <u>:</u>	V	V.Ryc	dell Samuel, Ad	dministrator <i>Ta</i>	
	Fiscal Agent		_			oursement Analy	/sis
	Contract Mana	agement				·	
	Permanent File	e					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



002983100 - 2019/10

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

Tallahassee, Florida 32308

	•	modicala Komisarcomont i oi Bio	iii itate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in motitationar	10110010				
PR	RQ, Inc.			Pro	ovider Number :	002983100				
Pe	diatric Partners o	of Winter Haven		Da	te: 09/27/2019					
55	0 Pope Ave NW			Fis	Fiscal Year End : N/A					
Wi	nter Haven, FL	33881		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			79.76	80.95	10/01/2019			
	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 :	7		Rate Typ	pe:					
		_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					
	X	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	ts			
		_ Polk								
	Distribution	<u> </u>		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))							



002983300 - 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 Rollingarocilione i oi E	<u> </u>	<u> </u>	JO	<u> </u>	1 10 11 10 10				
Do	orothy J.	Ray, MD)		Pr	ovider	Number :	002983300				
Pe	ediatric A	ssociate	s of Lakeland		Da	ate : 09	9/27/2019					
21	40 East	Edgewo	od Drive		Fiscal Year End : N/A							
La	keland,	FL 3380	3		Audit Status : N/A							
Pr	ovider 1	уре:				Curr	ent Rate	New Rate	Effective Date			
	X	Rural I	Health Clinic				79.76	80.95	10/01/2019			
		Swing	-Bed Provider						1			
		Federa	ally Qualified Health Centers									
		Hospic	ce Provider									
		#65	51 / H51 Routine Home Care (1-6	50)					1			
	#651a / H5L Routine Home Care (61			1 +)								
		#65	52 / H52 Continuous Home Care									
		#05	551 / 0561 Continuous Home Ca	re - SIA								
		55 / H55 Inpatient Respite Care										
		#65	56 / H56 General Inpatient Care									
		#65	59 Room and Board									
	Ва	sis :		Rate	∓ Ty∣	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			
			Polk				_					
	Distr	ibution	· ·		W.R	vdell S	Samuel, Ad	Iministrator #	?			
	Fisca	l Agent		-		-		oursement Analys	sis			
	Contr	act Mana	agement					,				
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									



003129100 - 2019/10

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

Tallahassee, Florida 32308

		Medicald Kellibul Sellielit Fel Die	em Nates ic	1 140	<u> </u>	titutionai	FIOVICEIS			
We	st Florida I	Medical Associates, PA		Pr	ovide	Number :	003129100			
				Da	ate : 0	9/27/2019				
402	2 W. Highla	and Blvd.		Fis	scal Y	ear End : N	I/A			
Inv	erness, FL	344524718		Audit Status : N/A						
Pro	vider Typ	e:			Curr	ent Rate	New Rate	Effective Date		
	X R	ural Health Clinic				79.97	81.17	10/01/2019		
	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	- SIA							
		#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care								
		#659 Room and Board								
	Basis	:	Rate	Ty	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				
_	Х	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Citrus								
	Distribu	ution:	<u> </u>	N.R	ydell S	Samuel, Ad	ministrator #	ζ		
	Fiscal Ag	gent	-	Med	icaid (Cost Reimb	ursement Analy	sis		
	Contract	Management					·			
	Permane	ent File								
	Program	Development:								
		For information Only (No Change in rate)							



003198500 - 2019/10

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

Tallahassee, Florida 32308

Pre	emier Pediatrics,	LLC			vider Number :	003198500	
					e: 09/27/2019		
796	60 SW 60th Ave	•		Fisc	cal Year End : N	I/A	
Oc	ala, FL 344766	457		Auc	lit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			80.00	81.20	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 :		Rate	Тур	e :		
L		_J 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	its
-		 Marion					
	Distribution		l V	W.Ry	dell Samuel, Ad	ministrator M	 R
	Fiscal Agent		_			oursement Analy	rsis
	Contract Mana	agement				·	
	Permanent Fil	le					
	Program Deve	Program Development:					
	For i	information Only (No Change in rate))				



003198505 - 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

Pre	emier Pe	diatrics -	- Dunnellon		Pr	ovider	Number :	003198505			
					Da	ite : 09	9/27/2019				
79	60 SW 6	0th Ave,	Ste 100		Fiscal Year End : N/A						
Ос	ala, FL	3447683	307		Au	dit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic				80.26	81.46	10/01/2019		
		Swing-	Bed Provider								
		Federa	Ily Qualified Health Centers								
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-60))							
		#65	11a / H5L Routine Home Care (61	+)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	- SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	6 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Bas	sis :	1	Ra	ite Ty	oe :	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		
			Marion				_				
	Distri	ibution:	<u>.</u>	<u> </u>	W.R	vdell S	Samuel. Ad	ministrator #	ζ		
	Fiscal	Agent						ursement Analy			
	Contra	act Mana	agement								
	Perma	anent File	е								
	Progra	am Deve	elopment:								



003432700 - 2019/10

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

Tallahassee, Florida 32308

Hig	h Springs	s Pediatri	cs, LLC			Pro	vider	Number :	003432700	
						Dat	te : 09	9/27/2019		
210	NW 1st	Ave.				Fis	cal Ye	ear End : N	I/A	
Hig	h Springs	s, FL 326	6431002			Aud	dit Sta	atus : N/A		
Pro	vider Ty	pe:					Curr	ent Rate	New Rate	Effective Date
	X	Rural He	alth Clinic					79.97	81.17	7 10/01/2019
		Swing-B	ed Provider							
		Federally	Qualified Health Centers							
		Hospice	Provider							
		#651	/ H51 Routine Home Care (1-60)							<u>'</u>
		#651	a / H5L Routine Home Care (61 -	+)						
		#652	/ H52 Continuous Home Care							
		#0551	1 / 0561 Continuous Home Care	- SIA						
		#655	/ H55 Inpatient Respite Care							
	#659 Room and Board									
ſ	Basi	is:		R	ate	Тур	e :	7		
ַ נ		 	Budget			X		⊐ Prospect	ive	
-			Jnaudited costs					– Total Pro	spective	
-			Desk audited costs					- Prospect	ive Adjusted for	New costs
-		F	Field audited costs					_		
-		<u> </u>	Medicare - Prospective					- Interim		
	Х	. F	Payment System Rate					Total Inte	erim	
-			Average Nursing Home Rate					Settleme	nt based on cos	sts
-			Alachua					_		
	<u>Distrik</u>	oution:			٧	V.Ry	dell S	Samuel, Ad	ministrator (
	Fiscal A	Agent			N	/ledic	caid C	Cost Reimb	ursement Analy	/sis
	Contrac	ct Manage	ement							
	Permar	nent File								
	Progra	m Develo	pment:							
		For info	ormation Only (No Change in rate))						



003557700 - 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 Die	em Rates	for No	on-Institutional	<u>Providers</u>				
Fiscal Year End : N/A Audit Status : N/A	Grace	Healthcare Solutions, Inc.		Pro	ovider Number :	003557700				
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 / J661 Continuous Home Care #659 Room and Board Rate Type: Sudget										
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 Palm Beach Distribution: Fiscal Agent Contract Management Permanent File W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	7368 5	State Road 15, US 441		Fis	Fiscal Year End : N/A					
X Rural Health Clinic 79.99 81.19 10/01/2018 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite 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 Palm Beach Distribution: Fiscal Agent Contract Management Permanent File	Pahok	ee, FL 334761736		Au	ıdit Status : N/A					
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H51 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:	Provid	der Type:			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 :	Х	Rural Health Clinic			79.99	81.19	10/01/2019			
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 Basis :		· · ·								
#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 Care	- SIA							
#659 Room and Board Basis :		#655 / H55 Inpatient Respite Care								
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach 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 Medicare - Prospective Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Permanent File X Prospective Total Prospective Prospective Adjusted for New costs Total Prospective Prospective Average New costs Fiscal Agent 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 Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Prospective Adjusted for New costs Prospective Adjusted for New costs What is a second of the cost of the		Basis :	Ra	te Ty	pe:					
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach 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	ive				
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach 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 Palm Beach 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	ive Adjusted for	New costs			
X Payment System Rate Average Nursing Home Rate Palm Beach 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 Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Medicare - Prospective			Interim					
Palm Beach Distribution: Fiscal Agent Contract Management Permanent File W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		X 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		Palm Beach								
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File	<u>D</u>	Distribution:		W.R	vdell Samuel. Ad	ministrator #	,			
Contract Management Permanent File	F	iscal Agent								
	С	ontract Management		- 2		, .				
Program Development:	Р	ermanent File								
	Р	rogram Development:								



003682000 - 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

We	est Floric	da Medic	al Associates, PA			Pro	ovider	Number :	003682000			
Su	ncoast F	Primary (Care Specialists - Homasassa		Date: 09/27/2019							
79	91 S. Su	ıncoast E	Blvd.			Fiscal Year End : N/A						
Но	masass	a, FL 34	14465005		Audit Status : N/A							
Pr	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic					79.97	81.17	10/01/2019		
		Swing	-Bed Provider									
		Federa	ally Qualified Health Centers									
		Hospid	ce Provider									
	#651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +))								
				+)								
		#65	52 / H52 Continuous Home Care									
		#0	551 / 0561 Continuous Home Care	e - SIA	1							
		#6	55 / H55 Inpatient Respite Care									
	#656 / H56 General Inpatient Care											
		#65	59 Room and Board									
	Ва	sis :		ТГ	Rate	. Typ	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				
		X	Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cos	ts		
			Citrus					-				
	Distr	ibution	<u>:</u>	1	\	۷.R	/dell S	amuel, Ad	ministrator M	 R		
Fiscal Agent			_				oursement Analy	rsis				
	Contra	act Mana	agement						,			
Permanent File												
	Progra	am Deve	elopment:									



004510300 - 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 Rombarcomone For Br	om nato	0 101 110		<u> </u>	1 10 110010				
We	est Florida	a Medica	al Associates		Pro	ovider	Number :	004510300				
Na	ture Coa	st Family	/ Medical Clinic		Da	Date: 09/27/2019						
PC	Box 640	573			Fis	cal Ye	ear End : N	I/A				
Ве	verly Hills	s, FL 34	4533838		Audit Status : N/A							
Pr	ovider Ty	/pe:				Curre	ent Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic				80.21	81.42	10/01/2019			
		Swing-	Bed Provider									
		Federa	ly 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									
	Bas	is:]		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					
	>	(Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cos	ts			
			Citrus									
	<u>Distri</u>	bution:			W.R\	/dell S	amuel, Ad	Iministrator #	~			
	Fiscal	Agent						oursement Analy	sis			
	Contra	ct Mana	gement		-			,				
	Perma	nent File	}									
	Progra	m Deve	opment:									



004567100 - 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

Ira Fialko, DO, PA	Provider Number : 004567100
	Date: 09/27/2019
6171 West Gulf to Lake Highway	Fiscal Year End : N/A
Crystal River, FL 344292679	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	80.21	81.42	10/01/2019
	Swing-Bed Provider			'
	Federally Qualified Health Centers			
	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)			
	Swing-Bed Provider Federally Qualified Health Centers Hospice Provider			
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 #656 / H56 General Inpatient Care				
	#0551 / 0561 Continuous Home Care - SIA			
	#655 / 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 - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care			
	#659 Room and Board			

Basis :		Rate	Type :	
В	Budget		Х	Prospective
U	Inaudited costs			Total Prospective
D	Pesk audited costs			Prospective Adjusted for New costs
F	rield audited costs			•
N	Medicare - Prospective			Interim
X P	Payment System Rate			Total Interim
A	verage Nursing Home Rate			Settlement based on costs
	Citrus			•

<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



004770700 - 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

		Modical Rollingarcomont or Br	om rates re		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	illational	<u> TOVIGOTO</u>				
Mc	ohammad Afzal,		Pro	ovider	Number :	004770700					
Pro	ofessional Pedia	trics		Date: 09/27/2019							
10	50 US HWY 27N	Suite 5		Fiscal Year End : N/A							
Cle	ermont, FL 3471	4		Au	dit Sta	itus : N/A					
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	X Rural	Health Clinic				80.21	81.42	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	e - SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Э 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			
		Lake									
	Distribution	<u>.</u>	1	W.Rv	/dell S	amuel. Ad	ministrator #	~			
	Fiscal Agent		_				oursement Analy	sis			
	Contract Mana	agement		- 							
	Permanent Fil	e									
	Program Deve	elopment:									



004771000 - 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

Tavares Pediatrics Inc 2523 Dora Ave Tavares, FL 32778 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651 / H52 Continuous Home Care #655 / H55 Inpatient Respite Care #659 Room and Board Rate Type: Budget X Prospective X Pro	Afz	zal Moha	ammad M	MD		Pı	rovider	Number :	004771000			
Fiscal Year End : N/A Audit Status : N/A Provider Type: Current Rate New Rate Effective Date												
Tavares, FL 32778 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 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				3								
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 Lake Distribution: Fiscal Agent Contract Management Permanent File	Pr	ovider T	ype:				Curr	ent Rate	New Rate	Effective Date		
Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-60) #651a / H51 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:				Health Clinic				80.21	81.42	10/01/2019		
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	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 Rate Type :			#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 Rate Type :			#65	51a / H5L Routine Home Care (61	+)							
#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Basis :			#65	52 / 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: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake 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	66 / H56 General Inpatient Care								
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate Lake Distribution: Fiscal Agent Contract Management Permanent File Rotal Prospective Total Prospective 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 Lake Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Prospective Adjusted for New costs Prospective Adjusted for New costs Whete costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Ва	sis :			Rate Ty	pe:]				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake 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	_	Х		Prospect	ive			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake 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 Lake 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	ive Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Lake 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 Lake 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			X	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 cos	ts		
Fiscal Agent Contract Management Permanent File Medicaid Cost Reimbursement Analysis				Lake								
Fiscal Agent Contract Management Permanent File Medicaid Cost Reimbursement Analysis		Distr	<u>ibution:</u>	<u>.</u>	.1	W.R	vdell S	Samuel, Ad	ministrator //	ζ		
Contract Management Permanent File		Fisca	Agent						/ ٧			
		Contr	act Mana	agement					,			
Program Development:		Perm	anent File	е								
		Progr	am Deve	elopment:								



005919400 - 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 D	iem Ra	ates for	Nor	n-Institutional	<u>Providers</u>				
We	est Florida Medio	cal Assoc. PA			Pro	vider Number :	005919400				
					Dat	e: 09/27/2019					
37	75 N. Lecanto H	wy			Fiscal Year End : N/A						
Ве	verly Hills, FL 3	44653504			Aud	lit Status : N/A					
Pr	ovider Type:					Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic				80.21	81.42	10/01/2019			
	Swing	-Bed Provider									
	Federa	ally Qualified Health Centers									
	Hospi	ce Provider									
	#6	51 / H51 Routine Home Care (1-60	0)								
	#6	51a / H5L Routine Home Care (61	+)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Car	e - SIA	1							
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :	7	Т	Rate	Тур	e:					
'		 Budget)	X	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			
		Citrus									
	Distribution	<u></u>		W	V.Rvo	dell Samuel, Ad	ministrator #	•			
	Fiscal Agent			_			ursement Analys	sis			
	Contract Man	agement					, , , , , , , , , , , , , , , , , , ,				
	Permanent Fi	le									
	Program Dev	elopment:									



005951500 - 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 Rollingaroomone For Di	ioiii itatoo	101 110		illational	<u> TOVIGOTO</u>				
We	est Florida M	ledical Associates, PA		Pro	ovider	Number :	005951500				
De	ven Medica	Center		Date: 09/27/2019							
11	707 N. Willia	ams Street, Suite 2		Fiscal Year End : N/A							
Du	ınnellon, FL	34432		Au	dit Sta	tus : N/A					
Pr	ovider Type):			Curre	ent Rate	New Rate	Effective Date			
	X Ru	ıral Health Clinic				80.21	81.42	10/01/2019			
	Sv	ving-Bed Provider					1	1			
	Fe	derally Qualified Health Centers									
	Но	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	:	Ra	ate Typ	oe :]					
'		Budget		Х		Prospect	ive				
		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
•		Field audited costs				=					
		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Marion				_					
	Distribu	tion:	1	W.R\	/dell S	amuel. Ad	ministrator #	~			
	Fiscal Ag	ent					oursement Analy	sis			
	Contract I	Management		- 3			,				
	Permanei	nt File									
	Program	Development:									



005951502 - 2019/10

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

Tallahassee, Florida 32308

West	Florida Medical Associates			Р	Provider Number : 005951502						
				D	Date: 09/27/2019						
801 N	Medical Ct. E			F	iscal Year End : N/A						
Inver	ness, FL 3445	52		Α	udit St	atus : N/A					
Provi	ider Type:				Curr	ent Rate	New Rate	Effective Date			
2	X Rural I	lealth Clinic					80.21	10/01/2019			
	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	· Ty	/pe :	7					
		Budget	L	Χ		Prospec	tive				
		Unaudited costs				Total Pro	spective				
		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				_					
<u>j</u>	Distribution:	<u> </u> <u>:</u>		N.F	Rydell S	Samuel, Ad	dministrator #	?			
I	Fiscal Agent		_ 1	Med	dicaid (Cost Reimb	oursement Analy	sis			
(Contract Mana	agement					·				
I	Permanent File	e									
I	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



006449300 - 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

Sonnis Pediatrics PA		Pro	ovider	Number :	006449300				
Commo i Galactico i / C			Date: 09/27/2019						
1125 South Sixth Avenue			scal Year End : N/A						
Wauchula, FL 33873			dit Status : N/A						
vvadoridia, i E 00070		, tu	an Ola	143 . 14//					
Provider Type:			Curre	ent Rate	New Rate	Effective Date			
X Rural Health Clinic				80.21	81.42	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 - SI	A								
#655 / H55 Inpatient Respite Care									
#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					
X Payment System Rate				Total Inte	erim				
Average Nursing Home Rate				Settleme	nt based on cos	ts			
Hardee				•					
<u>Distribution:</u>	V	/.Ry	/dell S	amuel, Ad	ministrator #	2			
Fiscal Agent	_				ursement Analy	sis			
Contract Management					,				
Permanent File									
Program Development:									



006480000 - 2019/10

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

Tallahassee, Florida 32308

Su	nshine Pediatric	shine Pediatrics of Ocala, PA				vider	Number :	006480000		
					Dat	te : 09	9/27/2019			
19	00 SW 20th Pla	ce			Fise	cal Ye	ear End : N	I/A		
Oc	ala, FL 344717	870			Aud	dit Sta	atus : N/A			
Pr	ovider Type:					Curr	ent Rate	New Rate	E	Effective Date
	X Rural	Health Clinic					80.21	81.	42	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 :	7		Rate	Тур	e :	1			
		— Budget			Χ		⊐ Prospect	ive		
		Unaudited costs	_				- Total Pro	spective		
		Desk audited costs	-				- Prospect	ive Adjusted fo	or N	ew costs
		Field audited costs	_				_			
		Medicare - Prospective	_				Interim			
	Χ	Payment System Rate	_				Total Inte	erim		
		Average Nursing Home Rate					Settleme	nt based on c	osts	
		Marion								
	Distribution	<u>ı:</u>	<u> </u>	V	W.Ry	dell S	Samuel, Ad	ministrator	TR.	
	Fiscal Agent			<u> </u>	Medic	caid C	cost Reimb	ursement Ana	alysi:	 S
	Contract Man	agement								
	Permanent F	ile								
	Program Dev	elopment:								
	For)								



007197500 - 2019/10

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

Tallahassee, Florida 32308

	•	Modrodia Rombarcomoner or Bro		<u> </u>	m motitutional	1 10 110010					
Lo	uis J. Radnothy,	DO		Pro	ovider Number :	007197500					
				Da	te: 09/27/2019						
39	0 S. Central Ave			Fis	iscal Year End : N/A						
Un	natilla, FL 32784	2325		Au	dit Status : N/A						
Pr	ovider Type:				Current Rate	New Rate	Effective Date				
	X Rural I	Health Clinic			80.15	81.35	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	66 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :	7	Rat	е Тур	pe :						
١		_l Budget		X	Prospect	ive					
•		Unaudited costs			 Total Pro						
		Desk audited costs				ive Adjusted for	New costs				
•		Field audited costs			<u> </u>	·					
,		Medicare - Prospective			Interim						
	X	Payment System Rate	-		Total Inte	erim					
•		Average Nursing Home Rate			Settleme	nt based on cost	ts				
		Lake									
	Distribution	<u>:</u>		W.Ry	dell Samuel, Ad	Iministrator	2				
	Fiscal Agent			Medi	caid Cost Reimb	oursement Analy	sis				
	Contract Mana										
	Permanent Fil	e									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



007210600 - 2019/10

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

Tallahassee, Florida 32308

We	eirsdale Family H	e Family Health Center Inc.		Pro	vider	Number :	007210600				
				Da	Date: 09/27/2019						
164	400 South Highv	vay 25		Fis	scal Year End : N/A						
Wie	ersdale, FL 321	952442		Aud	udit Status : N/A						
Pro	ovider Type:				Curre	ent Rate	New Rate	Ef	fective Date		
	X Rural	Health Clinic				80.15	81.3	35	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 :		Rate	Тур	e :]					
٠		Budget	<u> </u>	Χ		Prospecti	ive				
•		Unaudited costs				Total Pro	spective				
-		Desk audited costs				Prospecti	ive Adjusted fo	or Nev	w costs		
•		Field audited costs				_					
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on co	osts			
		Marion									
	Distribution	<u>:</u>	Ι V	V.Ry	dell S	amuel, Ad	ministrator	R			
	Fiscal Agent		_				ursement Ana	/ <u>∨</u> Iysis			
	Contract Man	agement						•			
	Permanent Fi	le									
	Program Deve	elopment:									
	For i	information Only (No Change in rate))								



007864900 - 2019/10

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

Tallahassee, Florida 32308

A Womans Place, Inc.				Provider Number : 007864900						
			Date: 09/27/2019							
14	1415 NW 23rd Ave.					Year End : N	I/A			
Chiefland, FL 326440058				Audit Status : N/A						
Provider Type:				Cu	rrent Rate	New Rate	E	Effective Date		
	X Rural l	Health Clinic				80.15	81.3	35	10/01/2019	
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
Chiefland, FL 326440058 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										
#651a / H5L Routine Home Care (61 +)										
· ,										
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Rate	· Ty	ype :	\neg				
		∟ Budget		Χ		—J Prospect	ive			
•		Unaudited costs	·		-	— Total Pro	spective			
•		Desk audited costs				— Prospect	ive Adjusted fo	r N	ew costs	
		Field audited costs				<u> </u>				
		Medicare - Prospective	-			Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate	·			 Settleme	nt based on co	sts		
		Levy								
	Distribution	<u>:</u>	,	N.F	 Rydell	Samuel, Ad	Iministrator (III		
Fiscal Agent		_	Medicaid Cost Reimbursement Analysis							
Contract Management								•		
	Permanent Fil	le								
	Program Deve	elopment:								
	Eor i	nformation Only (No Change in rate)	١							



008413600 - 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

		-	modical Rolling arcollicit For B	<u> </u>	100 101 110	/// ////	titutiona.	TOTIGOTO			
University of Florida College of Nursing					Provider Number: 008413600						
Archer Family Health Care					Da	Date: 09/27/2019					
					Fis	scal Ye	ear End : N	I/A			
					Audit Status : N/A						
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
	Χ	Rural H	lealth Clinic				80.15	81.35	10/01/2019		
		Swing-	Bed Provider								
		Federa	lly Qualified Health Centers								
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	0)							
		#65	i1a / H5L Routine Home Care (61	l +)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Car	re - SIA							
		#65	5 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ва	sis :	7		Rate Ty	pe:]				
			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 Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Alachua				_				
	Distr	ibution:	<u>.</u>		W.R	vdell S	amuel. Ad	ministrator #	ζ		
Fiscal Agent Contract Management				Medicaid Cost Reimbursement Analysis							
	Permanent File										
	Program Development:										



009615800 - 2019/10

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

Tallahassee, Florida 32308

Nature Coast Medical Group PA			Provider Number : 009615800							
				Date: 09/27/2019						
130 SW 7th Street				Fisc	al Year End : N	I/A				
Will	iston, FL 32696	52404		Audit Status : N/A						
Provider Type:				(Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			80.15	81.35	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	Туре	e:					
L		 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 Interim					
-		Average Nursing Home Rate			Settleme	nt based on cos	ts			
_		Levy								
	Distribution	<u>.</u>		V.Rvc	lell Samuel, Ad	ministrator #	ζ			
	Fiscal Agent	_	Medicaid Cost Reimbursement Analysis							
	Contract Mana	agement				·				
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



009634300 - 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

Ма	Magnolia Pediatrics LLC				Pro	ovider	Number :	009634300			
					Da	Date: 09/27/2019					
114	40 SW E	Bascom I	Norris Drive Ste 104		Fiscal Year End : N/A						
Lal	ke City,	FL 3202	251329		Au	udit Status : N/A					
Pro	ovider 1	уре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic				80.15	81.35	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	66 / H56 General Inpatient Care								
		#65	59 Room and Board								
ſ	Ва	sis :		Ra	ate Ty	oe :]				
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		
			Columbia				_				
	Distr	ibution	<u>:</u>		W.R	ydell S	Samuel, Ad	ministrator M	ζ		
	Fisca	l Agent						ursement Analy			
	Contr	act Mana	agement					,			
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



010332700 - 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 Rombarcomone For Bre	Jiii itatoo it	<u> </u>	<i>,,,,</i>	<u> </u>	<u> TOVIGOTO</u>			
He	althflo Medical C		Provider Number: 010332700							
Bu	shnell Medical C	Elinic		Da	Date: 09/27/2019					
11	7 W Belt Ave, St	e A		Fis	scal Year End : N/A					
Bu	shnell, FL 3351	3		Audit Status : N/A						
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	X Rural I	Health Clinic				81.71	82.94	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									
	#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	е 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 cost	ts		
		Sumter								
	Distribution	<u>:</u>		W.R	vdell S	amuel. Ad	ministrator #	?		
	Fiscal Agent				-		oursement Analys	sis		
	Contract Mana	agement					,			
	Permanent Fil	е								
	Program Development:									



010633400 - 2019/10

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

Tallahassee, Florida 32308

	•	modrodia italiinadi comone i ci biol	iii itatoo i	0	in motitudional	10110010					
Gr	ace Pediatrics Pl			Provider Number : 010633400							
				Da	te: 09/27/2019						
41	96 W US Highwa	ay 90 STE 105		Fiscal Year End : N/A							
La	ke City, FL 3205	558834		Au	dit Status : N/A						
Pr	ovider Type:				Current Rate	New Rate	Effective Date				
	X Rural I	Health Clinic			80.26	81.46	10/01/2019				
	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	66 / H56 General Inpatient Care									
	#65	9 Room and Board									
	Basis :	7	Ra	te Typ	pe:						
,		⊔ 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	ts				
•		Columbia									
	Distribution			W.Ry	/dell Samuel, Ad	ministrator #	~				
	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)									



010801000 - 2019/10

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

Tallahassee, Florida 32308

Wil	Villiston Rural Health and Wellness Clinic			Provider Number : 010801000							
				Dat	te : 09	/27/2019					
300	A NW 1st Ave			Fiscal Year End : N/A							
Wil	liston, FL 3269	6		Audit Status : N/A							
Pro	vider Type:				Curre	ent Rate	New Rate	Effective Date			
	X Rural	Health Clinic				80.15	81.3	5 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 :		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			
		Levy				_					
	Distribution		V	V.Ry	dell S	amuel, Ad	ministrator a	 F			
	Fiscal Agent		_				ursement Analy	/ ysis			
	Contract Man	agement					•				
	Permanent Fi	le									
	Program Deve	elopment:									
	For information Only (No Change in rate)										



010855400 - 2019/10

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

Tallahassee, Florida 32308

Pre	Premier Medical Pediatric Clinic			Provider Number: 010855400							
				Da	te : 09	9/27/2019					
31	5 East Ash Stree	t		Fis	cal Y	ear End : N	I/A				
Pe	rry, FL 3234720	29		Audit Status : N/A							
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	X Rural I	Health Clinic				79.82	81.02	2 10/01/2019			
	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	66 / H56 General Inpatient Care									
	#65	9 Room and Board									
ſ	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	sts			
		Taylor				_					
	Distribution		V	N.Ry	dell S	Samuel, Ad	ministrator (F			
Fiscal Agent		Medicaid Cost Reimbursement Analysis									
	Contract Mana	agement					•				
	Permanent Fil	e									
	Program Deve	elopment:									
	For information Only (No Change in rate)										



014637300 - 2019/10

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

Tallahassee, Florida 32308

Fire	First Coast Obstetrics & Gyncology			Provider Number: 014637300							
				Da	te : 09	9/27/2019					
РС	Box 519			Fiscal Year End : N/A							
Pa	latka, Fl 32178	-0519		Audit Status : N/A							
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Dat			
	X Rural	Health Clinic				80.25	81.46	6 10/01/20			
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hosp	ice Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	551a / 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	S59 Room and Board									
	Basis :		Rate	Тур	e :	7					
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	sts			
		Putnam									
	<u>Distributio</u>	l <u>n:</u>	V	V.Rv	dell S	Samuel, Ad	ministrator a				
Fiscal Agent		Medicaid Cost Reimbursement Analysis									
Contract Management							ĺ				
	Permanent F	ïle									
	Program Dev	velopment:									
	For										



014683500 - 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

Sumter Pediatrics				Provider Number : 014683500						
Moh	nammad Afza	ıl		Date: 09/27/2019						
265	Citrus Tower	r Blvd Ste 102		Fiscal Year End : N/A						
Cle	rmont, FI 347	711		Aud	Audit Status : N/A					
Pro	vider Type:				Current Rate	New Rate	Effective Date			
	X Rura	al Health Clinic			80.25	81.46	10/01/2019			
	Swir	ng-Bed Provider								
	Fede	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							
	#	655 / H55 Inpatient Respite Care								
	#	656 / H56 General Inpatient Care								
	#	#659 Room and Board								
Γ	Basis :		Rate	Туре	e :					
_		Budget		Χ	Prospect	tive				
_		Unaudited costs			Total Pro	ospective				
_		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	ts			
_		Sumter								
	Distribution	<u>nn:</u>	V	V.Rvo	dell Samuel, Ad	dministrator #	ζ			
	Fiscal Agen	t	_			oursement Analys				
	Contract Ma	anagement								
	Permanent	File								
Program Development:										



015048100 - 2019/10

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

Tallahassee, Florida 32308

		Modrodid Normbarcomont Or Dio	······································	101 110	in motitudional	110110010				
No	rth Florida Pedia	trics-Columbia Co		Provider Number : 015048100						
				Da	te: 09/27/2019					
18	59 SW Newland	Way		Fis	cal Year End : N	I/A				
La	ke City, FI 3202	5		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			80.24	81.45	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 :	7	Ra	ate Typ	pe :					
١		_l Budget		X	Prospect	ive				
		Unaudited costs			 Total Pro					
•		Desk audited costs				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			
•		_ Suwannee								
	<u>Distribution</u>	<u>.</u> <u>-</u>		W.Ry	/dell Samuel, Ad	lministrator 🥻	<u> </u>			
	Fiscal Agent			Medi	caid Cost Reimb	oursement Analys	sis			
	Contract Mana									
	Permanent Fil									
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



016431000 - 2019/10

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

Tallahassee, Florida 32308

Pre	Premier Pediatrics-Silver Springs				Pro	vider	Number :	016431000	
					Dat	te : 09	9/27/2019		
796	60 SW 60th	Ave Ste 1			Fis	cal Y	ear End : N	/A	
Ос	ala, Fl 344	76			Aud	dit Sta	atus : N/A		
Pro	ovider Type	e:				Curr	ent Rate	New Rate	Effective Date
	X R	ural Health Clinic					80.22	81.42	10/01/2019
	Sı	wing-Bed Provider							
	Fe	ederally Qualified Health Centers							
	Н	ospice Provider							
		#651 / H51 Routine Home Care (1-6	0)						
		1 +)							
		#0551 / 0561 Continuous Home Ca	re - SI	A					
		#655 / H55 Inpatient Respite Care							
		#656 / H56 General Inpatient Care							
		#659 Room and Board							
ſ	Basis	:		Rate	Тур	e :	7		
ָ 		Budget	'		Х		⊐ 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
		Marion							
	<u>Distribu</u>	ition:		V	V.Ry	dell S	Samuel, Ad	ministrator #	ζ
Fiscal Agent			<u> </u>	Леdi	caid (Cost Reimb	ursement Analy	sis	
	Contract	Management							
	Permane	nt File							
	Program	Development:							
	For information Only (No Change in rate)								



016554200 - 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

			Medicaid Neilliburseillent Fer D	ieiii ivate	3 101 NC	<u> </u>	itutionai	FIOVIU CI S			
SN	IC Holdi	ng Co			Provider Number: 016554200						
Cit	ra Fami	ly Hlth			Da	Date: 09/27/2019					
17	805 N L	IS Hwy 3	01		Fis	scal Year End : N/A					
Cit	ra, Fl 3	2113			Au	Audit Status : N/A					
Pr	ovider 7	Гуре:				Curre	ent Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic				80.23	81.43	10/01/2019		
		Swing-	-Bed Provider					1			
		Federa	ally Qualified Health Centers								
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-60))							
	#651a / H5L Routine Home Care (61 +)										
	#652 / H52 Continuous Home Care										
		#05	551 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	ısis :	7	F	Rate Ty _l	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				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	is		
			Marion								
	Distr	ibution	<u>:</u>		W.R	ydell S	amuel, Ad	ministrator #	·		
	Fisca	l Agent						oursement Analy	sis		
Contract Management							,				
Permanent File											
Program Development:											



016770200 - 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

Live	Live Oak				Pro	ovider	Number :	016770200				
Har	nilton F	Primary C	are		Da	te : 09	9/27/2019					
115	0 US F	lwy 41 N	W STE 11		Fiscal Year End : N/A							
Jas	per, Fl	32052			Au	Audit Status : N/A						
Pro	vider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date			
	X	Rural I	Health Clinic				80.22	81.42	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	9 Room and Board									
	Ва	sis :]	F	Rate Typ	oe :	1					
_			Budget		Х		Prospect	ive				
_			Unaudited costs				Total Pro	spective				
_			Desk audited costs				- Prospect	ive Adjusted for	New costs			
_			Field audited costs	-			_					
_			Medicare - Prospective	-			Interim					
		Χ	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cos	ts			
			Suwannee									
	Distr	ibution	<u> </u>	1	W.R\	/dell S	Samuel. Ad	ministrator #				
	Fisca	l Agent						ursement Analy				
	Contr	act Mana	agement									
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									



017470000 - 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 Rombarcomone For B	ioiii itatt	00 101 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	110114010			
Hiç	igh Springs Pediatrics				Provider Number: 017470000						
Ala	achua Pe	ediatrics	& Primary Care		Da	te : 09	/27/2019				
14	900 NW	140th S			Fis	Fiscal Year End : N/A					
Ala	achua, Fl	32615			Audit Status : N/A						
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
	Χ	Rural I	lealth Clinic				80.22	81.42	10/01/2019		
		Swing-	Bed Provider					1			
		Federa	lly Qualified Health Centers								
		Hospic	e Provider								
		#65	1 / H51 Routine Home Care (1-6	0)							
		#65	i1a / H5L Routine Home Care (61	l +)							
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Car	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ba	sis :]		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		
			Alachua								
	Distri	ibution	<u>.</u>		W.R	/dell S	amuel. Ad	ministrator #	ζ		
	Fiscal	Agent						oursement Analy	sis		
	Contra	act Mana	agement								
	Perma	anent Fil	е								
Program Development:											



018968900 - 2019/10

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

Tallahassee, Florida 32308

Fa	Family & After Hours Care				Provider Number : 018968900						
					Dat	te : 09	9/27/2019				
14	13 NW 23rd Ave				Fis	cal Ye	ear End : N	I/A			
Ch	iefland, FI 3262	6			Aud	dit Sta	atus : N/A				
Pre	ovider Type:					Curr	ent Rate	New Rate	Effe	ective Date	
	X Rural I	Health Clinic					80.22	81.4	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										
	#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 :		Г	Rate	Тур	e :	7				
·		∟ Budget	_		Χ		⊐ Prospect	ive			
•		Unaudited costs	_				- Total Pro	spective			
•		Desk audited costs	_				- Prospect	ive Adjusted fo	r 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		
•		Levy	_				_				
	Distribution	<u>:</u>		V	W.Ry	dell S	Samuel, Ad	ministrator	 F		
	Fiscal Agent			<u> </u>	Medio	caid C	Cost Reimb	ursement Ana	ysis		
	Contract Mana	agement									
	Permanent Fil	е									
	Program Deve	elopment:									
	For information Only (No Change in rate)										



019432300 - 2019/10

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

Tallahassee, Florida 32308

	•	modicala Rombarcomont For Bion	11 114100 101		montanonar	10110010			
North	Florida Pedia	trics-Cross City		Provider Number: 019432300					
				Date	: 09/27/2019				
149 N	IE 241st St St	e A		Fisca	al Year End : N	I/A			
Cross	City, FI 3262	28		Audit	t Status : N/A				
Provi	der Type:			С	Surrent Rate	New Rate	Effective Date		
)	K Rural I	Health Clinic			80.22	81.42	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	9 Room and Board							
	Basis :	7	Rate	Type	<u> </u>				
		_l Budget		X	l Prospect	ive			
		Unaudited costs			 Total Pro				
_		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	s		
		 Dixie							
	Distribution	<u></u>	W	/ Rvde	ell Samuel Ad	ministrator #	?		
Ī	Fiscal Agent	-	_				sis		
	Contract Mana	agement		3 5.00		and a second sec			
	Permanent Fil								
ı	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)							
 	Contract Mana Permanent File Program Deve	Dixie Egement e elopment:	_		ell Samuel, Ad		ζ		



019474000 - 2019/10

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

Tallahassee, Florida 32308

Diν	Divaker Pediatrics			Provider Number : 019474000						
				Dat	te : 09/	/27/2019				
65	51 N Orange Blo	ssom Trl		Fis	cal Ye	ar End : N	I/A			
Мо	ount Dora, Fl 327	757		Aud	dit Sta	tus : N/A				
Pro	ovider Type:				Curre	nt Rate	New Rate	E	ffective Date	
	X Rural I	Health Clinic				80.22	81.	42	10/01/2019	
	Swing-	Bed Provider								
	Federa	Illy Qualified Health Centers								
	Hospic	e 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	66 / H56 General Inpatient Care								
	#65	9 Room and Board								
[Basis :		Rate	Тур	e :					
ι		∟ Budget		Χ		ı Prospect	ive			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted fo	or Ne	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		\ \	W.Ry	dell S	amuel, Ad	ministrator	TR		
Fiscal Agent Contract Management			_				ursement Ana	<u>/</u> v alysis		
								-		
	Permanent File	е								
	Program Deve	elopment:								
	For i)								



020403901 - 2019/10

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

Tallahassee, Florida 32308

Re	liant Acu	te Care			Pr	ovideı	r Number :	020403901				
					Da	Date: 09/27/2019						
578	31 Lee B	lvd					ear End : N	I/A				
Lel	nigh Acre	s, FL 33	3971		Au	ıdit St	atus : N/A					
Pro	ovider Ty	/pe:				Curr	ent Rate	New Rate	Effective Date			
	X	-	ealth Clinic				80.23	81.43	3 10/01/2019			
		Swing-l	Bed Provider									
		Federal	ly 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									
		#659	9 Room and Board									
	Bas	is:]	Rate	е Туј	pe:	7					
<u></u>			Budget	<u> </u>	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 cos	sts			
			Lee									
	Distri	bution:		,	W.R	ydell S	Samuel, Ad	ministrator (
Fiscal Agent		-				ursement Analy	ysis					
Contract Management							·					
	Perma	nent File	}									
	Progra	m Devel	opment:									
	For information Only (No Change in rate)											



023548300 - 2019/10

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

		Medicaid Reimburseme	ent Per Diem Ra	ates for N	lon-Inst	itutional	<u>Providers</u>			
Kic	ds Health	Alliance, P.A.		Р	Provider Number : 023548300					
				D	ate: 09/	27/2019				
26	50 NW 2n	d Street Suite 100		F	iscal Ye	ar End : N	I/A			
Oc	ala, FL 3	4475		A	udit Stat	us : N/A				
Pr	ovider Ty	pe:			Curre	nt Rate	New Rate	Effective Date		
	X I	Rural Health Clinic				80.22	81.42	10/01/2019		
	;	Swing-Bed Provider						,		
		Federally Qualified Health Cen	iters							
		Hospice Provider								
		#651 / H51 Routine Home C	Care (1-60)							
		#651a / H5L Routine Home	Care (61 +)							
		#652 / H52 Continuous Hor	ne Care							
		#0551 / 0561 Continuous H	ome Care - SIA	\						
		#655 / H55 Inpatient Respit	e Care							
		#656 / H56 General Inpatier	nt Care							
		#659 Room and Board								
	Basi	s :		Rate Ty	/pe :					
'		Budget	-	Х		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		
		Marion								
	Distrib	oution:		W.F	Rydell Sa	amuel, Ad	ministrator	<u> </u>		
	Fiscal A	agent					ursement Analys			
	Contrac	et Management					•			
	Perman	ent File								
	Progran	n Development:								



023710500 - 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

No	rthwest	Florida H	lealthcare		Pr	ovider	Number :	023710500			
Ch	ipley Me	dical Gr	oup		Da	Pate: 09/27/2019					
13	76 Brick	yard Rd	Ste 4		Fis	scal Year End : N/A					
Ch	ipley, FL	32428			Αι	ıdit Sta	atus : N/A				
Pre	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic				79.92	81.12	10/01/2019		
		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										
		#65	2 / H52 Continuous Home Care								
		#05	51 / 0561 Continuous Home Care	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	66 / H56 General Inpatient Care								
		#65	9 Room and Board								
	Ba	sis :	1		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				_				
٠			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>	l	W.R	vdell S	Samuel. Ad	ministrator #	ζ		
	Fiscal	Agent				-		ursement Analy			
	Contra	act Mana	agement				-	,			
	Perma	anent File	е								
Program Development:											



029506000 - 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 Dien	n Rates for N	on-Ins	titutional	<u>Providers</u>				
Tre	enton Medical	Center	Pi	Provider Number: 029506000						
			Da	ate : 0	9/27/2019					
91	1 S. Main St		Fi	scal Y	ear End : N	I/A				
Tre	enton, FL 326	693	Aı	udit Sta	atus : N/A					
Pr	ovider Type:			Curr	ent Rate	New Rate	Effective Date			
	X Rur	al Health Clinic			85.87	87.16	10/01/2019			
	Swi	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							
		#655 / H55 Inpatient Respite Care								
		#656 / H56 General Inpatient Care								
	:	#659 Room and Board								
	Basis :		Rate Ty	pe :	7					
		Budget	X		⊐ 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			
		Collier			_					
	Distributi	<u>on:</u>	W.R	ydell S	Samuel, Ad	ministrator #				
	Fiscal Ager	nt				ursement Analys	sis			
	Contract M	anagement				•				
	Permanent	File								
	Program D	evelopment:								
	F	or information Only (No Change in rate)								



029511600 - 2019/10

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

Tallahassee, Florida 32308

AC	ACV Community Services				Provider Number : 029511600					
					D	ate : 09	9/27/2019			
РО	Box 46	75			Fi	iscal Y	ear End : N	I/A		
Do	wling Pa	rk, FL 3	2064		Α	udit Sta	atus : N/A			
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date	
	X	Rural F	lealth Clinic				78.75	79.93	10/01/2019	
		Swing-	Bed Provider							
		Federa	lly Qualified Health Centers							
		Hospic	e Provider							
		#65	i1 / H51 Routine Home Care (1-60)							
		#65	1a / 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							
	Bas	sis :	7	Rat	е Ту	pe :	1			
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			
	2	X	Payment System Rate				– Total Inte	erim		
-			Average Nursing Home Rate				- Settleme	nt based on cos	ts	
-			Not Selected				_			
	Distri	bution:	<u> </u>		W.F	Rydell S	Samuel, Ad	Iministrator	Ζ.	
	Fiscal Agent						oursement Analy			
Contract Management						,				
Permanent File										
Program Development:										
For information Only (No Change in rate))							



060245101 - 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

Acorn Rural Health Clinic		Pro	vider Number :	060245101					
7 COSTA FOR ALL FIRST CHILLS			ate: 09/27/2019						
23320 North State Road 235			scal Year End : N/A						
Brooker, FL 32622			dit Status : N/A						
Provider Type:			Current Rate	New Rate	Effective Date				
X Rural Health Clinic			83.03	84.27	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 - S	SIA								
#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				
Bradford									
<u>Distribution:</u>	W	√.Ry	dell Samuel, Ad	ministrator #					
Fiscal Agent	M	ledic	aid Cost Reimb	ursement Analys	sis				
Contract Management									
Permanent File									
Program Development:									



063363101 - 2019/10

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

Tallahassee, Florida 32308

Kid	's Care Pediatr	ics		Pro	vider Number :	063363101	
				Dat	e: 09/27/2019		
69´	10 Old Wolf Bay	y Rd		Fisc	cal Year End : N	I/A	
Pal	atka, FL 3217	7		Auc	lit Status : N/A		
Pro	vider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			84.34	85.61	10/01/2019
	Swing	g-Bed Provider					
	Feder	ally Qualified Health Centers					
	Hosp	ice Provider					
	#6	51 / 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					
_	Basis :		Rate	Тур	e:		
٠		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
_		Putnam					
	Distribution	l <u>n:</u>	V	V.Ry	dell Samuel, Ac	Iministrator	ζ
Fiscal Agent Contract Management					oursement Analy	sis	
					•		
	Permanent F	ïle					
	Program Dev	velopment:					
	For						



100167400 - 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 D	iem Rai	tes for N	<u>on-Ins</u>	<u>titutional</u>	<u>Providers</u>			
Dу	namic Health C	enters-Lake City		Pı	rovider Number : 100167400					
				Da	ate : 09	9/27/2019				
16	3 Sw Stonegate	Tercace Suite 109		Fi	scal Ye	ear End : N	I/A			
La	ke City , FL 320)24		Aı	udit Sta	atus : N/A				
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	X Rural	Health Clinic				80.24	81.44	10/01/2019		
	Swing	_J -Bed Provider								
	Feder	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-6	0)							
	#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		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 cost	s		
		Columbia				_				
	Distribution	<u>ı:</u>		W.R	ydell S	Samuel, Ad	ministrator #	<u> </u>		
Fiscal Agent							ursement Analys			
	Contract Man	agement				-	,			
	Permanent F	ile								
	Program Dev	elopment:								



100739300 - 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

No	rthwest	Healthcare		Provider Number : 100739300						
					Da	te : 09	9/27/2019			
542	29 Colle	ge Dr			Fis	cal Ye	ear End : N	I/A		
Gra	aceville,	FL 324	40		Au	dit Sta	atus : N/A			
Pro	ovider 1	уре:				Curr	ent Rate	New Rate	Effective Date	
	X	Rural I	Health Clinic				80.47	81.68	10/01/2019	
		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							
[Ва	sis :		Rat	е Тур	oe :	7			
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	ts	
•							_			
	Distr	ibution	<u>:</u>		W.R	/dell S	Samuel, Ad	ministrator To	 R	
	Fisca	Agent						oursement Analy		
	Contr	act Mana	agement					,		
	Perm	anent Fil	е							
	Progr	am Deve	elopment:							



101319900 - 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

Jef	frey A.	Caramei	ros PLLC			Provi	ider Number :	101319900	
Ra	inbow R	liver Me	dical			Date	: 09/27/2019		
203	312 Rob	inson R	oad			Fisca	al Year End : N	I/A	
Du	nnellon,	FL 344	131			Audit	t Status : N/A		
Pro	vider 1	уре:				C	Surrent Rate	New Rate	Effective Date
	X	Rural	Health Clinic				80.23	81.43	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						
	Ва	sis :	7	R	ate 1	Гуре	:]		
'			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
-			Marion						
	Distr	ibution	<u>ı:</u>	1	W	.Rvde	ell Samuel, Ad	ministrator #	~
	Fisca	l Agent						ursement Analys	sis
	Contr	act Man	agement				- 1	,	
	Perm	anent Fi	le						
	Progr	am Dev	elopment:						



101707000 - 2019/10

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

Tallahassee, Florida 32308

No	rth Florida Pedia	atrics-Chiefland			Pro	ovider	Number :	101707000		
					Da	te : 09	9/27/2019			
22	20 North Young	Blvd			Fis	cal Y	ear End : N	I/A		
Ch	iefland, FL 3262	26			Au	dit Sta	atus : N/A			
Pre	ovider Type:					Curr	ent Rate	New Rate	Effe	ctive Date
	X Rural	Health Clinic					80.23	81.4	.3	10/01/2019
	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	4						
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :		Γ	Rate	Тур	oe :	7			
·		∟ Budget	_		Х		⊐ Prospecti	ive		
•		Unaudited costs	_				– Total Pro	spective		
•		Desk audited costs	_				Prospecti	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	
		Levy								
	Distribution	<u>:</u>		V	W.Ry	/dell S	Samuel, Ad	ministrator (F	
	Fiscal Agent		Medicaid Cost Reimbursement Analysis							
Contract Management										
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate))							



101707400 - 2019/10

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

Tallahassee, Florida 32308

No	rth Florida Pedia	atrics-Starke		Prov	vider Number :	101707400	
				Date	e: 09/27/2019		
41	7 E Call St			Fisc	al Year End : N	I/A	
Sta	arke, FL 32091			Aud	it Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			80.23	81.43	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	Туре	e :		
ι		 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
-		Bradford					
	Distribution		V	V.Ryo	dell Samuel, Ad	ministrator //	ζ
Fiscal Agent Contract Management	Medicaid Cost Reimbursement Analysis						
				,			
	Permanent Fi	le					
	Program Deve	elopment:					
	For i	information Only (No Change in rate))				



102107400 - 2019/10

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

Tallahassee, Florida 32308

Br/	een Health, LLC			Dro	vider Number :	102107400	
יום	een nealth, LLC				e : 09/27/2019		
11	202 F. Highway	246			cal Year End :		
	392 E. Highway					IN/A	
го	rt McCoy, FL 32	1134		Auc	lit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic				80.23	10/01/2019
	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 :	Basis :		Тур	e :		
		∟ Budget	<u> </u>	Χ	Prospec	tive	
		Unaudited costs			Total Pr	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
		 Marion					
	Distribution	<u>:</u>	V	V.Ry	dell Samuel, A	dministrator	ζ
	Fiscal Agent	Medicaid Cost Reimbursement Analysis					
	Contract Mana	agement					
	Permanent Fil	e					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate))				



102610200 - 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 D	iem Rat	es tor No	on-Ins	<u>titutional</u>	<u>Providers</u>	
Ро	ort Charlotte HM	A Physician Management		Pr	ovider	Number :	102610200	
Ва	yfront Health M	edical Group		Da	ate : 09	9/27/2019		
10	12 N Mills Ave			Fi	scal Ye	ear End : N	N/A	
Ar	cadia, FL 3426	6		Αι	udit Sta	atus : N/A		
Pr	ovider Type:				Current Rate		New Rate	Effective Date
	X Rural	Health Clinic					80.23	10/01/2019
	Swing	g-Bed Provider					·	'
	Feder	ally Qualified Health Centers						
	Hosp	ice Provider						
	#6	51 / H51 Routine Home Care (1-60	0)					
	#6	51a / H5L Routine Home Care (61	+)					
	#6	552 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Car	e - SIA					
	#6	555 / H55 Inpatient Respite Care						
	#6	556 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :			Rate Ty	pe:]		
		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 cost	S
		Desoto						
<u>Distribution:</u>			_1	W.R	ydell S	Samuel, Ad	dministrator	<u> </u>
Fiscal Agent						oursement Analys		
	Contract Mar	nagement					•	
	Permanent F	ile						
	Program Development:							



102625100 - 2019/10

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

Tallahassee, Florida 32308

Ph	ilip Colaizzo MD	PA		Pro	vider Number :	102625100	
				Dat	e: 09/27/2019		
170	OS Barfield Hwy	/ STE 108		Fisc	al Year End : N	N/A	
Pa	hokee, FL 3347	76		Aud	lit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic				80.23	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					
ſ	Basis :	7	Rate	Тур	e :		
		Budget	<u> </u>	Χ	Prospect	tive	
-		Unaudited costs			Total Pro	ospective	
-		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
		Palm Beach					
	Distribution		V	V.Ryo	dell Samuel, Ad	dministrator #	~
Fiscal Agent	Medicaid Cost Reimbursement Analysis						
	Contract Management				·		
	Permanent Fi	le					
	Program Deve	elopment:					
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251469901 - 2019/10

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

Tallahassee, Florida 32308

Instituted Decision of Late Wales				ili Nates IOI I	1011-11	istitutionai	FIOVIUEIS	
Не	artland	Pediatric	s of Lake Wales	F	Provid	er Number :	251469901	
					Date :	09/27/2019		
135	54 State	Road 60) East	F	iscal	Year End : N	I/A	
Lal	ke Wale	s, FI 338	353	A	Audit S	Status : N/A		
Pro	ovider T	Гуре:			Cu	rrent Rate	New Rate	Effective Date
	X	Rural H	Health Clinic			74.88	76.00	10/01/2019
		Swing-	Bed Provider					
		Federa	Ily 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	51 / 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	ype :	$\overline{}$			
L			□ 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 cost	ts
-			Polk					
	Distr	ibution		W.	Rydell	I Samuel, Ac	Iministrator #	~
	Fisca	l Agent					oursement Analys	sis
	Contr	act Mana	agement				,	
	Perm	anent File	е					
	Progr	am Deve	elopment:					
		For i	nformation Only (No Change in rate)					



253535101 - 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

Heartl	and Pediatric	cs of L. P		Pro	vider Number :	253535101	
				Date	e: 09/27/2019		
344 E	ast Royal Pa	ılm St, Ste 3		Fisc	cal Year End : N	N/A	
Lake F	Placid, FI 33	852		Aud	lit Status : N/A		
Provid	der Type:				Current Rate	New Rate	Effective Date
Х	Rural	Health Clinic			74.87	75.99	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 :		
•		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 Inte	erim	
		Average Nursing Home Rate			Settleme	ent based on cost	ts
		Highlands					
<u>C</u>	istribution		\	N.Rvo	dell Samuel, Ad	dministrator #	ζ
F	iscal Agent		_			oursement Analys	
Contract Management							
Р	ermanent Fi	le					
Р	rogram Dev	elopment:					



259715200 - 2019/10

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

Tallahassee, Florida 32308

MJ	S Trust			Pro	ovider	Number :	259715200	
				Da	te : 0	9/27/2019		
37	50 US 27 North	ı		Fis	cal Y	ear End : N	I/A	
Se	bring, FL 3387	0		Au	dit St	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic				80.44	81.64	4 10/01/2019
	Swin	g-Bed Provider						
	Fede	rally Qualified Health Centers						
	Hosp	ice Provider						
	#6	651 / H51 Routine Home Care (1-60)						
	#6	651a / H5L Routine Home Care (61 -	+)					
	#6	652 / H52 Continuous Home Care						
	#(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	Тур	e:			
١		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
-		Highlands				_		
	Distribution	l <u>n:</u>	\ \	W.Ry	dell S	Samuel, Ad	ministrator The	
Fiscal Agent	Medicaid Cost Reimbursement Analysis					/sis		
Contract Management						ĺ		
	Permanent F	File						
	Program Dev	velopment:						
	For	information Only (No Change in rate))					



259716100 - 2019/10

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

31		Medicaid Reimbursement Per Di	em Rates fo	r No	n-Institutional	<u>Providers</u>	
343 South Commerce Ave 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 / 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 Fiscal Year End : N/A Audit Status : N/A Rural Hath : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Fifective D. Referctive D. Rate Type: X Prospective Total Prospective Interim Total Interim Settlement based on costs	Sebring I	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 #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 Settlement based on costs				Dat	e: 09/27/2019		
Provider Type: X Rural Health Clinic 76.62 77.77 10/01/2/ 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 Rate Type: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Current Rate Refective D Refective	343 Sout	th Commerce Ave		Fisc	cal Year End : N	I/A	
X Rural Health Clinic 76.62 77.77 10/01/20 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:	Sebring,	FI 33870		Auc	dit 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:	Provider	r Type:			Current Rate	New Rate	Effective Date
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 :	Х	Rural Health Clinic			76.62	77.77	10/01/2019
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:		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 :		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 #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 Basis:		#651 / 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 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 Care	e - SIA				
#659 Room and Board Basis :		#655 / H55 Inpatient Respite Care					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Prospective Interim X Payment System Rate Average Nursing Home Rate Rate Type: X Prospective Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs		#656 / H56 General Inpatient Care					
Budget X Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Prospective Total Prospective Prospective Total Interim Total Interim Settlement based on costs		#659 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	E	Basis:	Rate	Тур	e :		
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		Х	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		
		X Payment System Rate			Total Inte	erim	
Highlands		Average Nursing Home Rate			Settleme	nt based on cost	is
		Highlands					
<u>Distribution:</u> W.Rydell Samuel, Administrator	<u>Dis</u>	stribution:	Ι V	V.Rv	dell Samuel. Ad	ministrator #	?
Fiscal Agent Medicaid Cost Reimbursement Analysis	Fisc	cal Agent	_				sis
Contract Management	Cor	ntract Management				,	
Permanent File	Per	manent File					
Program Development:	Pro	gram Development:					



370861601 - 2019/10

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		Pro	vider	Number :	370861601		
				Dat	te : 09	/27/2019			
100	02 SW 11th Stre	eet		Fisc	cal Ye	ar End : N	I/A		
Liv	e Oak, FL 3206	54		Auc	dit Sta	tus : N/A			
Pro	ovider Type:				Curre	ent Rate	New Rate	Effe	ective Date
	X Rural	Health Clinic				74.69	75.8	1	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 :		Rate	Тур	e :]			
		Budget		Χ		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	
-		Suwannee				-			
	Distribution		V	V.Ry	dell S	amuel, Ad	ministrator (ア	
Fiscal Agent	Medicaid Cost Reimbursement Analysis								
Contract Management							-		
	Permanent Fi	le							
	Program Dev	elopment:							
	For	information Only (No Change in rate)							



370861604 - 2019/10

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

Tallahassee, Florida 32308

				_			
Ch	ildren's Medical	Center			vider Number :	370861604	
					e: 09/27/2019		
78	9 West Duval Sti	reet		Fisc	cal Year End : I	N/A	
Lal	ke City, FL 3205	55		Auc	dit Status : N/A		
Pre	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic			74.69	75.8	1 10/01/2019
	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					
	#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 :	Basis :		Тур	e :		
١		 Budget		Χ	Prospec	tive	
•		Unaudited costs	<u> </u>		Total Pr	ospective	
•		Desk audited costs			Prospec	tive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Int	erim	
٠		Average Nursing Home Rate			Settleme	ent based on cos	sts
•		Columbia					
	Distribution		V	V.Ry	dell Samuel, A	dministrator &	
	Fiscal Agent		<u></u>	/ledic	aid Cost Reim	bursement Analy	/sis
	Contract Mana	agement					
	Permanent Fil	е					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate))				



372143401 - 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

Ja	Jack M. Matheny RHC			Prov	vider Number :	372143401			
				Date	ate: 09/27/2019				
20	5 Zeagler	Drive, Suite #101		Fisc	al Year End : N	I/A			
Pa	latka, FL	32177		Aud	it Status : N/A				
Pr	ovider Ty _l	pe:			Current Rate	New Rate	Effective Date		
	Х Г	Rural Health Clinic			84.34	85.61	10/01/2019		
	(Swing-Bed Provider							
	ı	Federally Qualified Health Centers							
	ŀ	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							
	Basi	s :	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				
	Х	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
•		Putnam							
	Distrib	ution:	<u> </u>	N.Ryc	dell Samuel, Ad	ministrator #	<u> </u>		
	Fiscal A	gent	_			oursement Analys			
	Contrac	et Management				.,			
	Perman	ent File							
	Progran	n Development:							

For information Only (No Change in rate)



377682401 - 2019/10

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

Tallahassee, Florida 32308

Se	bring Pediatrics			Provider Number : 377682401						
				Date: 09/27/2019						
15	50 Lakeview Dr.			Fiscal Year End : N/A						
Se	bring, FL 33870			Audit Status : N/A						
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			78.87	80.05	10/01/2019			
	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								
	#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	 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 Inte	erim				
		Average Nursing Home Rate	-		Settleme	ent based on cos	ts			
		— Highlands								
	Distribution		V	N.Ry	dell Samuel, Ad	dministrator M	Ŗ			
	Fiscal Agent		_			oursement Analy	rsis			
	Contract Mana	agement				·				
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate)								



Port St. Joe, FL 32456

Florida Agency for Health Care Administration

377827401 - 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

Audit Status: N/A

Shoreline Medical Group	Provider Number : 377827401
	Date: 09/27/2019
419 Baltzell Avenue	Fiscal Year End : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.63	83.87	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 :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Franklin		-

<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



378772904 - 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

The	Padiat	ric Cent	or .			Dro	wider	Number :	378772904			
1116	i Guiai	no Oeni	G1			Date: 09/27/2019						
111	7 Madi	aal Dark	Dhud Cuito 400				Fiscal Year End : N/A					
			Blvd, Suite 402						I/A			
vvei	lington	FL 334	+14			Au	ait Sta	itus : N/A				
Pro	vider T	уре:					Curre	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic					80.22	81.42	10/01/2019		
		Swing	-Bed Provider									
		Federa	ally Qualified Health Centers									
		Hospi	ce Provider									
		#6	51 / H51 Routine Home Care (1-60	0)								
		#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									
Γ	Ва	sis :	7		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				
		X	Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cos	ts		
			Palm Beach					_				
	Distr	ibution	<u>:</u>	1	V	V.Ry	/dell S	amuel, Ad	ministrator #	ζ		
	Fiscal	Agent			_				ursement Analy	sis		
	Contr	act Man	agement						·			
	Perma	anent Fil	le									
	Progr	am Deve	elopment:									

_ For information Only (No Change in rate)



660018200 - 2019/10

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

Tallahassee, Florida 32308

			III Itatoo Ita							
Hea	artland Pediatric	Associates		Provider Number : 660018200						
			Date: 09/27/2019							
	•			Fiscal Year End : N/A						
Sel	oring, FL 33870			Au	dit Status : N/A					
Pro	leartland Pediatric Associates 215 US Hwy 27 North ebring, FL 33870 rovider 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 #656 / H56 General Inpatient Care #659 Room and Board Basis: Budget Unaudited costs Desk audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Highlands			Current Rate	New Rate	Effective Date				
	X Rural I	Health Clinic			79.35	80.54	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	66 / H56 General Inpatient Care								
	#65	59 Room and Board								
	Racie :	7	Rate	Tyr	<u> </u>					
L			Rate	X	Prospect	ive				
-		_ '			Total Pro					
-		_				ive Adjusted for	New costs			
-		_				ivo / lajaotoa ioi	11011 00010			
-		_			 Interim					
	X				Total Inte	erim				
-		_ ' '				nt based on cost	rs.			
-		_				TH 24004 011 000				
		riigilialiao								
	Distribution	<u>.</u>	,	N.Ry	/dell Samuel, Ad	Iministrator	,			
	Fiscal Agent		Ī	Medi	caid Cost Reimb	oursement Analys	sis			
	Contract Mana	agement				·				
	Permanent Fil	е								
	Program Deve	elopment:								
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660018201 - 2019/10

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

Tallahassee, Florida 32308

Не	artland Pediatric	Associates		Pro	vider	Number :	660018201				
0	arrana r odiarno	7.0000.000		Date: 09/27/2019							
120	0 Heartland Wav			Fiscal Year End : N/A							
	•					ntus : N/A	,				
					Curr	ent Rate	New Rate	Effective Date			
FIG	auchula, FL 338375000 ovider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-6 #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			Curre	75.06						
						75.00	70.10	5 10/01/2019			
		•									
	<u> </u>		\								
		` '									
		<u> </u>	',								
			- SIA								
			0 t								
		·									
					J						
	Basis :		Rate	Тур	e :						
-		Budget		Χ		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	sts			
•		Hardee									
	<u>Distribution:</u>	<u>.</u>	\\	N.Rv	dell S	amuel, Ad	ministrator a				
	Fiscal Agent		_				ursement Analy	ysis			
	Contract Mana	agement					,	•			
	Permanent File	е									
	Program Deve	elopment:									
	For in	nformation Only (No Change in rate))								



660022100 - 2019/10

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

Tallahassee, Florida 32308

In. Madical Canton			000000400	
Jay Medical Center		Provider Number :	660022100	
		Date: 09/27/2019	.,,	
14088 Alabama St		Fiscal Year End : N	I/A	
Jay, FL 32565		Audit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		86.13	87.42	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 - 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 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>	W.	Rydell Samuel, Ac	Iministrator #	?
Fiscal Agent		dicaid Cost Reimb		sis
Contract Management			,	
Permanent File				
Program Development:				
For information Only (No Change in rate)				



660026300 - 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

Со	Community Medical CtrDeland			Pro	ovider	Number :	660026300			
					Da	ate: 09/27/2019				
119	90 North	Stone S	Street		Fis	scal Ye	ear End : N	I/A		
De	land, FL	32720			Au	dit Sta	atus : N/A			
Pre	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date	
	Χ	Rural H	Health Clinic				85.50	86.78	10/01/2019	
		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	66 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Ba	sis :		Ra	te Ty	oe :]			
•			Budget	<u> </u>	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	
			Volusia							
	Distr	ibution	<u>.</u>	<u> </u>	W.R	ydell S	Samuel, Ad	ministrator M	ζ	
	Fiscal	Agent						ursement Analy		
	Contra	act Mana	agement					,		
	Perma	anent Fil	е							
	Progra	am Deve	elopment:							

For information Only (No Change in rate)



660026302 - 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 D	<u>iem Ra</u>	ates for	Nor	<u>n-Institutional l</u>	<u>Providers</u>			
Со	mm. Medical	CtrOrange Cty.			Provider Number : 660026302					
					Date: 09/27/2019					
81	0 Commed Bo	oulevard			Fisc	al Year End : N	I/A			
Or	ange City, FL	32763			Aud	it Status : N/A				
Pr	ovider Type:					Current Rate	New Rate	Effective Date		
	X Rur	al Health Clinic				80.24	81.44	10/01/2019		
	Swi	ng-Bed Provider								
	Fed	erally Qualified Health Centers								
	Hos	pice Provider								
	;	#651 / H51 Routine Home Care (1-60	0)							
	i	#651a / H5L Routine Home Care (61	+)							
	i	#652 / H52 Continuous Home Care								
	i	#0551 / 0561 Continuous Home Car	e - SIA	١.						
	i	#655 / H55 Inpatient Respite Care								
	· · · · · · · · · · · · · · · · · · ·	#656 / H56 General Inpatient Care								
	;	#659 Room and Board								
	Basis :		\prod	Rate	Туре	e :				
		Budget)	X	Prospecti	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		
		Volusia								
	Distribution	<u>on:</u>		W	/.Rvo	dell Samuel, Ad	ministrator #	,		
	Fiscal Ager	nt		_			ursement Analys	sis		
	Contract M	anagement					,			
	Permanent	File								
	Program De	evelopment:								

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660027100 - 2019/10

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

Tallahassee, Florida 32308

N.	Fl. Pediatrics RI	HC .		P	rovide	er Number :	660027100		
				D)ate : (09/27/2019			
43	16 Fifth Avenue			F	iscal `	Year End : N	I/A		
Ma	arianna, FL 3244	46		Rate Type :					
Pr	ovider Type:	ifth Avenue na, FL 32446 er 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 #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 Jackson			Cui	rrent Rate	New Rate	Effective I	Date
	X Rural	Health Clinic				84.34	85.6	1 10/01/	2019
	Swing	-Bed Provider						·	
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)							
	#6	#651a / H5L Routine Home Care (61							
	#6								
	#0	#0551 / 0561 Continuous Home Care							
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate	• Ty	ype :	$\overline{}$			
		 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 co	sts	
		Jackson							
	Distribution	<u>:</u>	,	 ∕V.F	 Rydell	Samuel, Ac	Iministrator 7	 F	
	Fiscal Agent		_				oursement Anal	ysis	_
	Contract Man	agement					·		
	Permanent Fi	le							
	Program Deve	elopment:							
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660039500 - 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

		-	modical Rolling di Collicit i Gi B	ololli itat		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u> </u>		
Yu	nus Rural Health Clinic hammad Yunus, MD				Pro	ovider	Number :	660039500		
Mc	hammad	d Yunus,	MD		Da	ite : 09	/27/2019			
40	4 East H	wy 90			Fis	scal Ye	ear End : N	I/A		
Во	nifay, FL	32425			Au					
Pr	hammad Yunus, MD 4 East Hwy 90 nifay, FL 32425 bovider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (1-6) #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 Holmes Distribution: Fiscal Agent Contract Management				Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic				84.34	85.61	10/01/2019	
		Swing-	Bed Provider					1		
		Federa	lly Qualified Health Centers							
		Hospic	e Provider							
		#65	1 / H51 Routine Home Care (1-6	0)						
	·			1 +)						
		#65	2 / H52 Continuous Home Care							
		#05	51 / 0561 Continuous Home Car	re - SIA						
		#65	5 / H55 Inpatient Respite Care							
		#65	6 / H56 General Inpatient Care							
		#65	9 Room and Board							
	Bas	sis :	1		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	
			Holmes				_			
	Distri	bution	<u>.</u>	1	W.R	vdell S	amuel. Ad	ministrator M		
	Fiscal	Agent						oursement Analy		
	Contra	act Mana	agement					·,		
	Perma	nent File	е							
	Program Development:									

For information Only (No Change in rate)



660046800 - 2019/10

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

Tallahassee, Florida 32308

Dic	hard A. Campb			Dro	vidar Numbar :	660046900	
IXIC	maru A. Campo	eli IXI IO				000040000	
10	5 Tomoka Boule	word South					
	ke Placid, FL 3					V /A	
Lar	te i laciu, i L ot	5032		Auc	iit Otatus . N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			83.97	85.23	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 :		
١		Budget		Χ	Prospec	tive	
-		Unaudited costs			Total Pro	spective	
-		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	<u>. </u>	V	N.Ry	dell Samuel, Ad	dministrator	<u> </u>
	Fiscal Agent	<u></u>	Medic	aid Cost Reimb	oursement Analy	vsis	
	Contract Man	agement				·	
	Permanent Fi	le					
	Program Dev	elopment:					
	For	information Only (No Change in rate))				



660053100 - 2019/10

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

Tallahassee, Florida 32308

Ch	ildren's (Clinic			Pro	ovide	r Number :	660053100	
					Da	te : 0	9/27/2019		
110	00 N. Ma	ain St			Fis	scal Y	ear End : N	I/A	
Ве	le Glade	e, FL 334	Current Rate New Rate Effective Description Health Clinic						
Pro	vider T	уре:				Curi	ent Rate	New Rate	Effective Date
	X	Rural H	lealth Clinic				84.34	85.6	1 10/01/2019
		Swing-	Bed Provider					1	
		Federa	lly Qualified Health Centers						
		Hospic	e Provider						
		#65	1 / H51 Routine Home Care (1-60)						
		#65	1a / H5L Routine Home Care (61 +	·)					
	#652 / H52 Continuous Home Care								
		#05	- SIA						
		#65	5 / H55 Inpatient Respite Care						
		#65	6 / H56 General Inpatient Care						
		#65	9 Room and Board						
ſ	Ва	sis :]	Rate	Э Тур	oe :			
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		
		X	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cos	sts
			Palm Beach						
	Distr	ibution:	I		W.R	ydell S	Samuel, Ad	ministrator /	 F
	Fiscal	Agent		_				ursement Analy	ysis
	Contra	act Mana	gement					·	
	Perma	anent File							
	Progra	am Devel	lopment:						
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660054900 - 2019/10

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

Tallahassee, Florida 32308

Mario	on RHC dba F					660054900			
1593	2 E. 40		Fiscal Year End : N/A						
Silve	r Springs, FL	34488	Date: 09/27/2019 Fiscal Year End: N/A Audit Status: N/A Current Rate New Rate Effective D Ser 83.16 84.41 10/01/2 der 9 Id Health Centers 9 Id						
Prov	ider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	Health Clinic			83.16	84.41	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							
Г	Basis :		Rate	Туре	e :				
		∟ Budget				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							
	<u>Distribution</u>	<u>:</u>	l V	V.Ryc	dell Samuel, Ad	ministrator M	z		
	Fiscal Agent		_			ursement Analy	sis		
Contract Management					•				
	Permanent Fil	е							
	Program Deve	elopment:							
	For i)							



660056500 - 2019/10

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

Tallahassee, Florida 32308

Ah	mad T. Ismail RI	HC		Pro	vider Number :	660056500				
11	0 E. Byrd Avenue	е		Fiscal Year End : N/A						
Во	nifay, FL 32425		Date : 09/27/2019 Fiscal Year End : N/A Audit Status : N/A Current Rate							
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			74.33	75.45	10/01/201			
	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	——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 cos	ts			
•		Holmes								
	Distribution	<u> </u>		V.Ryo	dell Samuel, Ad	ministrator #	ζ			
	Fiscal Agent		_				sis			
	Contract Mana	agement				·				
	Permanent Fil	е								
	Program Deve	elopment:								
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660065400 - 2019/10

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

Tallahassee, Florida 32308

Me	ena Nathan Med	lical Center		Pro	vider N	lumber :	660065400		
84	0 South Bea Ave		Fiscal Year End : N/A						
Inv	erness, FI 3445	2	Date : 09/27/2019						
Pr	ovider Type:				Curre	nt Rate	New Rate	Effective Date	
	X Rural H	lealth Clinic				78.02	79.19	9 10/01/2019	
	Swing-	Bed Provider						<u>'</u>	
	Federa	Ily Qualified Health Centers							
	Hospic	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	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			
	X	Payment System Rate				Total Inte	erim		
•		Average Nursing Home Rate				Settleme	nt based on cos	sts	
•		Citrus							
	<u>Distribution</u> :		V	W.Ry	dell Sa	ımuel, Ad	ministrator /		
	Fiscal Agent		_					/sis	
	Contract Mana	agement					•		
	Permanent File	е							
	Program Deve	elopment:							
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660069700 - 2019/10

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

Tallahassee, Florida 32308

		-	Medicald Kellibursellielit Fel Diei	II Ivales IO	140	<u> </u>	litutionari	FIOVICEIS	
Flo	orida Family Rural Hlth Care		l Hlth Care		Pr	ovider	Number :	660069700	
					Da	ite : 09	9/27/2019		
239	98 N. Be	ach Dr.,	Suite 100		Fis	scal Ye	ear End : N	I/A	
Αv	on Park,	FI 3382	5		Au	dit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
	X	Rural H	lealth Clinic				83.03	84.28	10/01/2019
		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 #0551 / 0561 Continuous Home Car								
		#05	SIA						
		#65	5 / H55 Inpatient Respite Care						
		#65	6 / H56 General Inpatient Care						
		#65	9 Room and Board						
	Ba	sis :	1	Rate	Tyı	oe :	1		
L			J 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
-			Highlands				_		
	Distr	ibution:		V	V.R	ydell S	Samuel, Ad	ministrator M	z
	Fiscal	Agent		_				ursement Analy	sis
	Contra	act Mana	gement					·	
	Perma	anent File	e						
	Progra	am Deve	lopment:						
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660070100 - 2019/10

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

Tallahassee, Florida 32308

		<u>wedicaid Neimbursement Per Dier</u>	ii Nates ioi i	1011-1113	ututionai	FIOVIUCIS		
Express Ca	press Care of Belleview, Inc			rovide	Number :	660070100		
			D	ate : 0	9/27/2019			
10762 S U	S Hwy 44	1	F	iscal Y	ear End : N	I/A		
Belleview,	FI 34420		Α	Provider Number : 660070100 Date : 09/27/2019 Fiscal Year End : N/A Audit Status : N/A Current Rate New Rate Effective I				
Provider T	уре:			Curr	ent Rate	New Rate	Effective Date	
X	Rural H	ealth Clinic			83.32	84.57	10/01/2019	
	Swing-E	Bed Provider						
	Federal	ly Qualified Health Centers						
	Hospice	Provider Provider						
	#651	I / H51 Routine Home Care (1-60)						
	#651	Ia / H5L Routine Home Care (61 +))					
	#652 / H52 Continuous Home Care							
	#055	51 / 0561 Continuous Home Care -	SIA					
	#655	5 / H55 Inpatient Respite Care						
	#656	6 / H56 General Inpatient Care						
	#659	Room and Board						
Ba	sis :]	Rate Ty	/pe :	 7			
		J Budget		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	⊥ Prospect	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	ts	
		Marion			_			
Distr	<u>ibution:</u>		W.F	Rydell S	Samuel, Ad	ministrator #	ζ	
Fiscal	Agent					oursement Analys	sis	
Contra	act Manag	gement				,		
Perma	anent File							
Progra	am Devel	opment:						
	For in	formation Only (No Change in rate)						



660071900 - 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

Na	ture Co	ast Fami	ly Medical		Pr	ovider	Number :	660071900	
Na	ture Co	ast Fami	ly		Da	ate : 09	9/27/2019		
34	00 N. L	ecanto H	wy Suite A		Fis	scal Ye	ear End : N	I/A	
Ве	verly H	ills, FI 34	464		Αι	udit Sta	atus : N/A		
Pr	ovider	Туре:				Curr	ent Rate	New Rate	Effective Date
	X	Rural	Health Clinic				79.82	81.02	10/01/2019
		Swing	-Bed Provider						
		Federa	ally Qualified Health Centers						
		Hospid	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 Care	e - SIA					
		#6	55 / H55 Inpatient Respite Care						
		#6	56 / H56 General Inpatient Care						
		#6	59 Room and Board						
	Ва	asis :	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		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cos	ts
			Citrus						
	Dist	ribution	<u>:</u>		W.R	vdell S	Samuel. Ad	ministrator #	ζ
	Fisca	al Agent						oursement Analy	sis
Contract Management					,	- · · · · · · · · · · · · · · · · · · ·			
Permanent File									
	Program Development:								

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660072700 - 2019/10

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

Tallahassee, Florida 32308

Ra	jendra P. Bellam	n MD		Pro	vider Number	: 660072700			
Date: 09/27/2019 11707 N. Williams St Suite 3 Fiscal Year End: N/A Dunnellon, FI 34432 Audit Status: N/A Provider Type: Current Rate New Rate									
Du	nnellon, FI 3443	32		Auc	Audit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	Health Clinic			81.5	1 82.73	3 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							
	#0	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 :		Rate	Тур	e :				
ι		∟ Budget		Χ	Prospec	tive			
•		Unaudited costs			Total Pr	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			Settlem	ent based on cos	sts		
•		 Marion							
	Distribution	<u>:</u>	ΙV	V.Ry	dell Samuel, A	dministrator 1	 R		
	Fiscal Agent		_				/sis		
	Contract Mana	agement				ĺ			
	Permanent Fil	е							
	Program Deve	elopment:							
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660075100 - 2019/10

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

Tallahassee, Florida 32308

Ch	arles S. Li MD			F	Provi	ider Number :	660075100	
					Date	: 09/27/2019		
764	47 W. Gulf Lake	Hwy		F	isca	al Year End : N	I/A	
Cry	stal River, FI 34	1429						
Pro	ovider Type:	W. Gulf Lake Hwy al River, FI 34429 ider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 / H51 Routine Home Care (6 #652 / H52 Continuous Home Care (6) #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 Citrus Distribution:			С	urrent Rate	New Rate	Effective Date
	X Rural H	lealth Clinic				78.61	79.79	10/01/2019
	Swing-	Bed Provider						
	Federa	Ily Qualified Health Centers						
	Hospic	e Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	11a / H5L Routine Home Care (61 -	+)					
	#65							
	#05	- SIA						
	#65	55 / H55 Inpatient Respite Care						
	#65	66 / H56 General Inpatient Care						
#659 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
		Citrus						
	<u>Distribution</u> :	<u>.</u>		W.I	Ryde	ell Samuel, Ad	ministrator #	ζ
	Fiscal Agent		-	Me	dica	id Cost Reimb	ursement Analy	sis
	Contract Mana	agement					·	
	Permanent File	e						
	Program Deve	elopment:						
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660075101 - 2019/10

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

Tallahassee, Florida 32308

Cit	rus Sprin	gs RHC			Pro	ovidei	r Number :	660075101				
	•				Da	te : 0	9/27/2019					
104	189 N. FI	Ave			Fis	scal Y	ear End : N	I/A				
Cit	rus Sprin	gs, FI 3	4434		Audit Status : N/A							
Pro	ovider T	/pe:				Curr	ent Rate	New Rate	Effective Date			
	X	Rural H	lealth Clinic				78.61	79.79	9 10/01/2019			
		Swing-l	Bed Provider					1				
		Federal	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									
	#659 Room and Board											
ſ	Bas	sis :]	Rate	э Туј	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					
	>	(Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cos	sts			
			Citrus									
	Distri	bution:	I	,	W.R	ydell S	Samuel, Ad	ministrator /				
	Fiscal	Agent		_				ursement Analy	<u>√</u> ysis			
	Contra	ct Mana	gement					•				
	Perma	nent File										
	Progra	m Devel	lopment:									
	For information Only (No Change in rate)											



660076000 - 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

WF	WFMA- Beverly Hills Med Ctr				Provider Number : 660076000						
Alι	ıgubelli	& Patel N	MD		Da	te : 09	9/27/2019				
37	45 N Le	canto Hv	vy		Fis	cal Ye	ear End : N	I/A			
Ве	verly Hi	ls, FI 34	1465		Au	dit Sta	atus : N/A				
Pre	ovider 1	уре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic				82.53	83.77	10/01/2019		
		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								
	Ва	sis :		R	ate Typ	oe :	1				
			Budget		Х		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs	-			_				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cos	ts		
			Citrus								
	Distr	ibution	<u>:</u>		W.R\	/dell S	Samuel, Ad	ministrator M	ζ		
	Fisca	l Agent						ursement Analy			
	Contr	act Mana	agement					,			
	Perm	anent Fil	le								
	Progr	am Deve	elopment:								

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660087500 - 2019/10

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

Tallahassee, Florida 32308

Pa	ılm Glades Rural		Provider Number : 660087500							
				Date	e: 09/27/2019					
21	7 W Ave			Fisc	al Year End : N	I/A				
Ве	elle Glade, FI 33	430		Audit Status : N/A						
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic			82.02	83.25	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	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			
		Palm Beach								
	Distribution	<u>.</u>	<u> </u>	V.Rvo	dell Samuel, Ad	Iministrator #	ζ			
	Fiscal Agent		_			oursement Analy	sis			
	Contract Man	agement								
	Permanent Fi	le								
	Program Deve	elopment:								
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660089100 - 2019/10

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

Tallahassee, Florida 32308

He	rnando Medical	Center		Pro	vider Number :	660089100					
				Date : 09/27/2019							
10	489 N Florida Av	re		Fisc	cal Year End : N	N/A					
Cit	rus Springs, FI	34434		Audit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Date				
	X Rural I	Health Clinic			80.96	82.17	10/01/2019				
	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								
	#65	55 / H55 Inpatient Respite Care									
	#65	56 / H56 General Inpatient Care									
	#65	59 Room and Board									
	Basis :		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 Inte	erim					
		Average Nursing Home Rate			Settleme	ent based on cos	ts				
		Hernando									
	Distribution	<u> </u>	V	V.Ry	dell Samuel, Ad	dministrator Th					
	Fiscal Agent		_			oursement Analy	rsis				
	Contract Mana	agement				·					
	Permanent Fil	е									
	Program Deve	elopment:									
	For i	nformation Only (No Change in rate)									



660103100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Modification Industrial Control of State	m rtatoo			11 1110	illutionui i	10114010	
Lal	ke Pediatrics							660103100	
					Da	te : 09	/27/2019		
488	80 N Hwy 19A				Fis	cal Ye	ar End : N	I/A	
Mt.	Dora, FI 32757	7			Aud	dit Sta	itus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic					81.35	82.57	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 :		R	ate	Тур	oe :]		
		Budget			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
•		 Lake					_		
	Distribution			V	V.Ry	dell S	amuel, Ad	ministrator #	Z
	Fiscal Agent			_				ursement Analy	sis
	Contract Man	agement						·	
	Permanent Fi	le							
	Program Deve	elopment:							
	For	information Only (No Change in rate))						



660121900 - 2019/10

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

Tallahassee, Florida 32308

Bir	th & Beyond P.A			Provider Number : 660121900								
				Date: 09/27/2019								
13	26 SR 100			Fiscal Year End : N/A								
Gr	andin, FI 32138			Auc	lit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Date					
	X Rural	Health Clinic			81.35	82.57	10/01/2019					
	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										
	#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							
	Χ	Payment System Rate			Total Inte	erim						
		Average Nursing Home Rate			Settleme	nt based on cos	ts					
		Putnam										
	Distribution	<u>.</u> <u>:</u>	V	V.Rv	dell Samuel, Ac	Iministrator //	ζ					
	Fiscal Agent		_			oursement Analy	sis					
	Contract Mana	agement				•						
	Permanent Fil	е										
	Program Deve	elopment:										
	For i	nformation Only (No Change in rate)										



660129400 - 2019/10

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

Tallahassee, Florida 32308

Fa	amily Meidcal Group (Sebring)			Provider Number : 660129400						
				Da	te : 09	9/27/2019				
34	20 US 27 North	ı		Fis	scal Ye	ear End : N	I/A			
Se	bring, FI 3387	0		Αu	ıdit Sta	atus : N/A				
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	X Rura	l Health Clinic				82.14	83.37	10/01/201		
	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 -	+)							
	#	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	э Тур	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	its		
		Highlands								
	Distributio	<u>n:</u>	,	W.R	ydell S	Samuel, Ad	ministrator Ta	 R		
	Fiscal Agent		_				ursement Analy	/sis		
	Contract Ma	nagement					,			
	Permanent F	File								
	Program De	velopment:								
	Foi	r information Only (No Change in rate)							



660132400 - 2019/10

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

Tallahassee, Florida 32308

		_	Medicaid Neilliburseilleilt Fer Die	III INALES IOI I	1011-11	istitutionai	FIOVIUEIS					
Oal	K Hill Med	dical		Provider Number : 660132400								
					Date :	09/27/2019						
185	A North	Rt. 1, P	O Box 373	F	Fiscal Year End : N/A							
Oal	k Hill, FL	32759		,	Audit 9	Status : N/A						
Pro	vider Ty	pe:			Cu	irrent Rate	New Rate	Effective Date				
	X	Rural H	lealth Clinic			79.98	81.18	10/01/2019				
		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								
		#65	5 / H55 Inpatient Respite Care									
		#65	6 / H56 General Inpatient Care									
		#65	9 Room and Board									
Г	Bas	is :]	Rate T	vpe :							
L			J Budget	X		l Prospect	ive					
-			- Unaudited costs			 Total Pro						
_			Desk audited costs			— Prospect	ive Adjusted for	New costs				
_			Field audited costs			<u> </u>	·					
-			- Medicare - Prospective			 Interim						
	Х		Payment System Rate			Total Inte	erim					
-			- Average Nursing Home Rate			Settleme	nt based on cost	ts				
_			Volusia									
	<u>Distrik</u>	oution:	I	W.	Rydel	l Samuel, Ad	Iministrator #	2				
	Fiscal /	Agent		Me	dicaid	d Cost Reimb	oursement Analys	sis				
	Contra	ct Mana	gement				·					
	Permai	nent File										
	Progra	m Deve	lopment:									
		_ For in	nformation Only (No Change in rate)									



660140500 - 2019/10

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

Tallahassee, Florida 32308

An	dres R. Villar, M.	D.			Pro	vider 1	Number :	660140500				
					Dat	e: 09/	27/2019					
P.C). Box 606				Fiscal Year End : N/A							
Gle	en St. Mary, FL	32040			Auc	dit Stat	us : N/A					
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date	е		
	X Rural H	lealth Clinic					80.62	81.83	3 10/01/201	9		
	Swing-	Bed Provider										
	Federa	Ily 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										
ſ	Basis :	7	Ra	te	Тур	e :						
L		⊔ Budget	<u> </u>		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	sts			
_		Collier										
	Distribution:			V	V.Ry	dell Sa	amuel, Ad	ministrator &				
	Fiscal Agent			N	/ledic	caid Co	st Reimb	ursement Analy	/sis			
	Contract Mana	agement										
	Permanent File	е										
	Program Deve	lopment:										
	For ir	nformation Only (No Change in rate))									



660141300 - 2019/10

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

Tallahassee, Florida 32308

Willis	Villiston Pediatrics, PA			Provider Number : 660141300						
				D	ate:	09/27/2019				
223 N	N. Main Street			F	iscal	Year End : N	I/A			
Willis	ton, FL 32696	3		Α	udit S	Status : N/A				
Provi	ider Type:				Cu	rrent Rate	New Rate	Effective Date		
2	X Rural I	Health Clinic				79.84	81.04	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								
Г	Basis :		Rate	e Ty	ype :					
_		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				_				
<u> </u>	<u>Distribution</u>			W.F	Rydell	Samuel, Ad	ministrator The	 R		
I	Fiscal Agent		-				ursement Analy	/sis		
(Contract Mana	agement					·			
I	Permanent File	e								
I	Program Deve	elopment:								
_	For i	nformation Only (No Change in rate))							



660142100 - 2019/10

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

Tallahassee, Florida 32308

Raj	ajendra P. Bellam MD				Pro	vider	Number :	660142100		
					Dat	e : 09	/27/2019			
P.C). Box 69				Fisc	al Ye	ar End : N	I/A		
Ing	lis, FI 34449				Aud	lit Sta	tus : N/A			
Pro	vider Type:					Curre	ent Rate	New Rate		Effective Date
	X Rural I	Health Clinic					64.25	65.	22	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								
ſ	Basis :]	Rat	e 1	Тур	e :]			
-		Budget		Χ	X		Prospecti	ive		
-		Unaudited costs					Total Pro	spective		
-		Desk audited costs					Prospect	ive Adjusted f	or N	New costs
_		Field audited costs	<u> </u>				_			
_		Medicare - Prospective	<u> </u>				Interim			
_	Χ	Payment System Rate					Total Inte	erim		
		Average Nursing Home Rate					Settleme	nt based on c	ost	S
		Levy								
	Distribution	<u>:</u>		W	.Ry	dell S	amuel, Ad	ministrator	-	
	Fiscal Agent			Me	edic	aid C	ost Reimb	ursement Ana	alys	sis
	Contract Mana	agement							-	
	Permanent Fil	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate))							



660147200 - 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 Medical C	ctr of Walton Co, PA			Provider Number : 660147200						
					Da	te : 09	9/27/2019				
21	West Main St				Fis	cal Ye	ear End : N	I/A			
De	Funiak Springs,	FI 32435			Au	dit Sta	atus : N/A				
Pre	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	X Rural	Health Clinic					84.55	85.82	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	4							
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Γ	Rate	Тур	oe :	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 cos	its		
•		Walton					_				
	Distribution	<u>ı.</u>		V	V.Ry	dell S	Samuel, Ad	ministrator &	 R		
	Fiscal Agent			<u> </u>	Леdi	caid C	Cost Reimb	ursement Analy	vsis		
	Contract Man	agement									
	Permanent Fi	le									
	Program Dev	elopment:									
	For	information Only (No Change in rate))								



660151100 - 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 Rollingar Comone For E	Dioini itatoo it	<u> </u>	<u> </u>	<u>titutioiiui</u>	<u> </u>		
Andres R. Villar, M.D					Provider Number : 660151100					
Children's Medical Ctr-Mt. Vernon				ate: 09/27/2019						
P.O. Box 606 Fis					scal Ye	ear End : N	I/A			
GI	en St. M	lary, FI 3	32040		Audit Status : N/A					
Provider Type:						Current Rate		New Rate	Effective Date	
	X	Rural	Health Clinic				80.62	81.83	10/01/2019	
		Swing	-Bed Provider							
		Federa	ally Qualified Health Centers							
		Hospid	ce Provider							
		#651 / H51 Routine Home Care (1-60)								
		#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	е Ту	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	
			Baker							
<u>Distribution:</u>			W.Rydell Samuel, Administrator							
	Fiscal Agent				Medicaid Cost Reimbursement Analysis					
Contract Management							ĺ			
	Perm	anent Fil	е							
Program Development:										

For information Only (No Change in rate)



660162600 - 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

Putnam Obstetrics & Gynecology, Inc.				Pr	Provider Number : 660162600 Date : 09/27/2019					
Pu										
60					scal Year End : I	N/A				
Palatka, FL 321776858					udit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic			83.36	84.61	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	Rat	te Ty	pe:					
		Budget	-	Χ	Prospec	tive				
		Unaudited costs			Total Pro	Total Prospective				
		Desk audited costs	<u> </u>		Prospec	Prospective Adjusted for New costs				
		Field audited costs								
		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Int	Total Interim				
		Average Nursing Home Rate			Settleme	ent based on cos	ts			
		Collier								
				W.R	ydell Samuel, Ad	dministrator #				
Fiscal Agent					•		sis			
Contract Management Permanent File				Medicaid Cost Reimbursement Analysis						
Program Development:										

_____ For information Only (No Change in rate)



660167700 - 2019/10

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				
				Date: 09/27/2019							
P.C	P.O. Box 692				Fiscal Year End : N/A						
Chipley, FL 32428					udit Status : N/A						
Provider Type:					Curr	ent Rate	New Rate	Effective Date			
		Health Clinic				78.71	79.89	9 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	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
ſ	Basis :		Rate	Тур	e :	7					
ָ		 Budget		Χ		⊐ Prospect	ive				
-		Unaudited costs				Total Prospective					
-		Desk audited costs				Prospect	pective 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	<u>ı:</u>	V	N.Ry	dell S	Samuel, Ad	ministrator a				
	Fiscal Agent			Medicaid Cost Reimbursement Analysis							
Contract Management Permanent File							·				
	Program Dev	relopment:									
For information Only (No Change in rate)											



660174000 - 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

		•									
Ch	Children's Medical Center - Alachua				Pr	rovider Number : 660174000					
Ch	ildren's l	Medical	Center - Alachua		Da	ate: 09/2	7/2019				
14	681 N.W	'. Hwy 44	41		Fiscal Year End : N/A						
Ala	achua, Fl	L 32615	5		Αι	ıdit Statu	s:N/A				
Pr	ovider T	уре:				Curren	t Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic				77.59	78.76	10/01/2019		
		Swing-	-Bed Provider					1			
		Federa	ally Qualified Health Centers								
		Hospic	ce Provider								
		#65	51 / H51 Routine Home Care (1-	60)					'		
		#65	51a / H5L Routine Home Care (6	61 +)							
		#65	52 / H52 Continuous Home Care	•							
		#05	551 / 0561 Continuous Home Ca	are - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Bas	sis :	7	Rate	Ty	pe:					
			∟ Budget		X		rospect	ive			
			Unaudited costs	-		Т	otal Pro	spective			
			Desk audited costs	-		 P	rospect	ive Adjusted for	New costs		
			Field audited costs	-							
			Medicare - Prospective	-		 Ir	nterim				
		X	Payment System Rate	-		Т	otal Inte	erim			
,			Average Nursing Home Rate	-		s	Settleme	nt based on cos	ts		
,			– Alachua								
	Distri	ibution	•		۸/ D	vdell San	مر امیر	ministrator #	ζ		
		Agent	=	_		-		oursement Analy	eic		
		•	agement	'	vi c u	icalu COS	ot ivellill	raiseilleill Allaly	JIJ		
		anent Fil									
			elopment:								
			•								



660182100 - 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

Ped	Pediatrics in Brevard - Cocoa Beach Pediatrics in Brevard, PA				Р	Provider Number : 660182100							
Ped	diatrics	in Breva	rd, PA		D	ate : 0	9/27/2019						
699	W. Co	coa Bea	ch Cswy		Fiscal Year End : N/A								
Cod	coa Bea	ach, FL	32931		A	udit St	udit Status : N/A						
Pro	vider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date				
	Х	Rural	Health Clinic				79.90	81.09	10/01/2019				
		Swing	-Bed Provider										
		Federa	ally Qualified Health Centers										
		Hospid	ce Provider										
		#6	51 / H51 Routine Home Care (1-6	0)									
		#6	51a / H5L Routine Home Care (61	l +)									
		#6	52 / H52 Continuous Home Care										
		#0	551 / 0561 Continuous Home Car	re - SIA									
		#6	55 / H55 Inpatient Respite Care										
		#6	56 / H56 General Inpatient Care										
		#6	59 Room and Board										
Γ	Ва	sis :	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 cos	ts				
_			Brevard				_						
	Distr	ibution	<u>.</u>		W.R	Rvdell S	Samuel. Ac	ministrator #	ζ				
		l Agent						oursement Analy	sis				
	Contr	act Mana	agement										
	Perm	anent Fil	le										
	Progr	am Deve	elopment:										



660183900 - 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

III WAI WAI I WAI				ololli ita	100 101 110		<u> </u>	1 10114010				
Pe	diatrics i	n Brevar	d - Hibiscus		Pr	ovider	Number :	660183900				
Pe	diatrics i	n Brevar	d, PA		Date: 09/27/2019							
17	55 Hlbis	cus Blvd			Fiscal Year End : N/A							
Me	elbourne	, FL 329	01		Audit Status : N/A							
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
	Χ	Rural H	lealth Clinic				79.90	81.09	10/01/2019			
		Swing-	Bed Provider					1				
		Federa	lly Qualified Health Centers									
		Hospic	e Provider									
		#65	1 / H51 Routine Home Care (1-6	0)								
		#65	i1a / H5L Routine Home Care (61	1 +)								
		#65	2 / H52 Continuous Home Care									
		#05	51 / 0561 Continuous Home Car	re - SIA								
		#65	5 / H55 Inpatient Respite Care									
		#65	66 / H56 General Inpatient Care									
		#65	9 Room and Board									
	Ва	sis :	7		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			
			Brevard									
	Distr	<u>ibution:</u>	<u>.</u>		W.R [,]	vdell S	Samuel. Ad	ministrator #	ζ			
	Fiscal	Agent						oursement Analy	sis			
	Contra	act Mana	agement									
	Perma	anent File	е									
	Progra	am Deve	lopment:									



660184700 - 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 Rollingar Collicit For	Dioin Rates is	<u> </u>	JO	titutional	1 10 11 10 10			
Pe	Pediatrics in Brevard - Woods Dr				Pr	ovider Number : 660184700					
Pe	diatrics	in Breva	rd, PA		Date: 09/27/2019						
13	4 S. Wo	ods Dr			Fiscal Year End : N/A						
Ro	ckledge	, FL 329	955		Αι	ıdit Sta	atus : N/A				
Pr	ovider 1	Гуре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural	Health Clinic				79.90	81.09	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 (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 :	7	Rat	е Ту	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 cost	is		
'			 Brevard				_				
	Distr	ibution	:		W R	vdell S	Samuel Ad	Iministrator			
		l Agent						oursement Analys	sis		
	Contr	act Man	agement				201.1011110	5511157167 (1101)			
		anent Fil									
	Progr	am Deve	elopment:								



660187100 - 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

Sun 'Lake Medical Group, PA Sun 'N Lake Medical Group				Pr	rovider Number : 660187100					
Su	n 'N Lak	e Medic	al Group		Da	ate : 09/	27/2019			
49	58 Sun '	N Lake	Blvd		Fis	scal Yea	ar End : N	I/A		
Se	bring, Fl	L 33872			Αι	udit Stat	us : N/A			
Pr	ovider T	уре:				Curre	nt Rate	New Rate	Effective Date	
	X	Rural I	Health Clinic				80.04	81.24	10/01/2019	
		Swing	-Bed Provider							
		Federa	ally Qualified Health Centers							
		Hospid	ce Provider							
		#65	51 / H51 Routine Home Care (1-6	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							
		#6	59 Room and Board							
	Ва	sis :	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			
		Χ	Payment System Rate				Total Inte	erim		
,			Average Nursing Home Rate				Settleme	nt based on cos	ts	
'			— Highlands							
	<u>Dist</u> r	ibution	<u>:</u>		N.R	vdell Sa	muel. Ad	ministrator #		
	Fiscal	Agent		_				oursement Analy	sis	
	Contr	act Mana	agement	·				- · · · · · · · · · · · · · · · · · · ·		
	Perma	anent Fil	e							
	Progr	am Deve	elopment:							



660200200 - 2019/10

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

Tallahassee, Florida 32308

Ga	rcia Medical Clir	nic		Pro	vider	Number :	660200200	
				Dat	te : 09	9/27/2019		
41	1 E. Nelson Ave	nue		Fis	cal Y	ear End : N	I/A	
De	funiak Springs, F	FL 32433		Aud	dit Sta	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural I	Health Clinic				79.92	81.12	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		
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	sts
		Walton				_		
	Distribution	<u>.</u> <u>:</u>	V	V.Ry	dell S	Samuel, Ad	ministrator a	 F
	Fiscal Agent		_				ursement Analy	ysis
	Contract Mana	agement					•	
	Permanent Fil	е						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



660204500 - 2019/10

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

Tallahassee, Florida 32308

			······································	 	THE THE THE TENT	<u> </u>			
Ch	iefland Medical (Center			ovider Number :	660204500			
				Da	te: 09/27/2019				
11	13 N. W. 23rd A	/e		Fis	scal Year End : N	I/A			
Ch	iefland, FL 3262	26		Au	lit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	Health Clinic			78.24	79.41	10/01/2019		
	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							
ſ	Basis :	7	F	Rate Typ	pe :				
ι		_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		
•		_ Levy							
	Distribution	l :		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)							



660205300 - 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

Th	e Medica		Pro	ovider	Number :	660205300						
					Da	Date: 09/27/2019						
20	454 N.E.	Finley A	\ve		Fis	iscal Year End : N/A						
Blo	untstow	n, FL 32	2424		Au	dit Sta	atus : N/A					
Pre	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
	Χ	Rural H	lealth Clinic				79.74	80.93	10/01/2019			
		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	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									
	Ba	sis :		Rat	te Ty	oe :	7					
•			Budget		Χ		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
•			Desk audited costs				- Prospect	ive Adjusted for	New costs			
•			Field audited costs				_					
٠			Medicare - Prospective				Interim					
		X	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cos	ts			
•			Calhoun				_					
	Distr	ibution	<u>:</u>		W.R	vdell S	Samuel, Ad	ministrator #	ζ			
	Fiscal	Agent						oursement Analy				
	Contra	act Mana	agement					,				
	Perma	anent File	е									
	Progra	am Deve	elopment:									



660209600 - 2019/10

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

Tallahassee, Florida 32308

Cla	ark Clinic			Pro	ovider	Number :	660209600	
				Da	te : 09	9/27/2019		
212	2 S. Florida St			Fis	cal Y	ear End : N	I/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				79.69	80.89	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						
	#6	59 Room and Board						
ſ	Basis :]	Rate	Тур	oe :	7		
١.		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
		Sumter				_		
	Distribution	<u> </u>	V	V.Rv	dell S	Samuel, Ad	ministrator	
	Fiscal Agent		_				ursement Analy	sis
	Contract Mana	agement				-	,	
	Permanent Fil	е						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate))					



660212600 - 2019/10

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

Tallahassee, Florida 32308

Ma	hammad Afzal/E	excel Pediatrics & Family Care		Dro	vidor I	Number :	660212600	
IVIC	mammau Aizai/E	Acei Fediatiics & Faililly Cale				/27/2019	000212000	
261	5 Citrus Tower B	lvd				27/2019 ar End : N	1/^	
						ai Eliu . N :us : N/A	//A	
CIE	ermont, FL 3471	11900		Auc	all Stat	.us . IN/A		
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date
	X Rural H	lealth Clinic				84.59	85.86	6 10/01/2019
	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					
	#65	5 / H55 Inpatient Respite Care						
	#65	6 / H56 General Inpatient Care						
	#65	9 Room and Board						
	Basis :	7	Rate	Тур	e :			
ι		Budget		Χ		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	sts
•		Lake						
	<u>Distribution:</u>	<u> </u>	V	V.Ry	dell Sa	amuel, Ad	ministrator a	
	Fiscal Agent		_				ursement Analy	ysis
	Contract Mana	agement						
	Permanent File	е						
	Program Deve	elopment:						
	For ir	nformation Only (No Change in rate))					



660218500 - 2019/10

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

Tallahassee, Florida 32308

Dwight Peter Tiu/Acute Care Pediatrics				Pro	ovider	Number :	660218500	
	.					/27/2019		
13	01 Reid St					ar End : N	I/A	
Pa	latka, FL 32178			Aud	dit Sta	tus : N/A		
Pre	ovider Type:				Curre	ent Rate	New Rate	Effective Date
		Health Clinic				79.69	80.89	9 10/01/2019
	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	66 / H56 General Inpatient Care						
	#65	9 Room and Board						
	Basis :]	Rate	Тур	e :]		
ı		∟ Budget	<u> </u>	X		ı 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	sts
•		Putnam				-		
	Distribution		\	N.Rv	dell S	amuel, Ad	ministrator <i>a</i>	
	Fiscal Agent		_				ursement Analy	/sis
	Contract Mana	agement						
	Permanent File	е						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate))					



660219300 - 2019/10

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

Tallahassee, Florida 32308

Fa	amily Medical Group, P.A.		Provider Number : 660219300						
				Da	te : 09	9/27/2019			
10	5 Tomoka Blvd	South		Fis	cal Ye	ear End : N	I/A		
La	ke Placid, FL 3	3852		Au	dit Sta	atus : N/A			
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	X Rural	Health Clinic				79.69	80.89	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	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :		Rate	Тур	oe :	1			
		 Budget		Х		∟ Prospect	ive		
		Unaudited costs				- Total Pro	spective		
		Desk audited costs				- Prospect	ive Adjusted for	New costs	
		Field audited costs				_			
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cos	ts	
		Highlands							
	Distribution	l <u>1:</u>		۷.R۱	/dell S	Samuel, Ad	ministrator #	ζ	
	Fiscal Agent		_				ursement Analy	sis	
	Contract Mar	nagement					·		
	Permanent F	ile							
	Program Dev	relopment:							
	For	information Only (No Change in rate))						



660230400 - 2019/10

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

Tallahassee, Florida 32308

Exi	oress Care of	Leesburg		Pro	vider Nu	ımber :	660230400				
				Date : 09/27/2019							
250	00 Citrus Blvc	<u> </u>		Fiscal Year End : N/A							
	Leesburg, FL 34748					Audit Status : N/A					
Dra	ovider Type:			Current	Pate	New Rate	Effective Date				
		al Health Clinic			Ourrent	79.69					
		ng-Bed Provider				79.09	00.03	10/01/2019			
		erally Qualified Health Centers									
		spice Provider									
		#651 / H51 Routine Home Care (1-60)	1								
		#651a / H5L Routine Home Care (61 -	•								
		#652 / H52 Continuous Home Care	+)								
		#0527 H52 Commuous Home Care	CIA								
			: - SIA								
		#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care									
		#659 Room and Board									
		#659 ROOM and Board									
ſ	Basis :		Rate	Тур	e :						
•		Budget		Х	P	rospect	ve				
•		Unaudited costs			T	Total Prospective					
•		Desk audited costs			P	rospect	ve Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective			<u> </u>	Interim					
	Χ	Payment System Rate			T	otal Inte	rim				
•		Average Nursing Home Rate			s	ettleme	nt based on cos	ts			
•		Lake									
	Distributi	on:	<u> </u>	V.Ry	dell Sam	nuel, Ad	ministrator M	ζ			
	Fiscal Agent		_	Medicaid Cost Reimbursement Analysis							
Contract Management							·				
	Permanent	File									
	Program D	evelopment:									
	F	or information Only (No Change in rate)								



660232100 - 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

Dawn Rene, Inc				Provider Number : 660232100							
Vernon Family Health Center					Da	ate: 09/27/2019					
3027 Main St					Fis	Fiscal Year End : N/A					
Vernon, FL 32462					Audit Status : N/A						
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
	X	Rural I	Health Clinic				73.74	74.85	10/01/2019		
		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	e - SIA							
		#65	55 / H55 Inpatient Respite Care								
		#65	56 / H56 General Inpatient Care								
		#65	59 Room and Board								
	Ва	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								
I Distribution:				W.Rydell Samuel, Administrator							
	Fiscal	Fiscal Agent			Medicaid Cost Reimbursement Analysis						
	Contra	act Mana	agement								
	Perma	anent Fil	е								
	Progra	am Deve	elopment:								



660233900 - 2019/10

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

Tallahassee, Florida 32308

Jackson County Hospital				F	Prov	ider Number :	660233900			
	Da				Date	ate: 09/27/2019				
4318 5th Avenue				F	Fiscal Year End : N/A					
Mai		A	Audi	udit Status : N/A						
Provider Type:						urrent Rate	New Rate	Effective Date		
	X Rural I	Health Clinic				79.64	80.84	10/01/2019		
	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								
Γ	Basis :]	Rat	e 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 cos	ts		
		Jackson								
	Distribution	<u>.</u>		W.	.Ryd	ell Samuel, Ad	ministrator #	ζ		
Fiscal Agent		•	Medicaid Cost Reimbursement Analysis							
Contract Management							·			
	Permanent Fil	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in rate))							