



Florida Agency for Health Care Administration

000387200 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Acute Care Pediatrics of Palm Coast, PA	Provider Number : 000387200
	Date : 09/24/2020
397 SW Palm Coast Parkway, #309	Fiscal Year End : N/A
Palm Coast, FL 32137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.02	82.56	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthflo Medical Clinic, Inc.	Provider Number : 000997400
Ridge Manor Medical Clinic	Date : 09/24/2020
34498 Cortez Blvd	Fiscal Year End : N/A
Ridge Manor, FL 335238908	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.02	82.56	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics, PLLC	Provider Number : 001165800
	Date : 09/24/2020
1702 S Jefferson St	Fiscal Year End : N/A
Perry, FL 32348	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.02	82.56	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics-Madison	Provider Number : 001165803
	Date : 09/24/2020
194 NE Hancock Ave	Fiscal Year End : N/A
Madison, FL 32340	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.97	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics-Alachua
15260 NW 147th Drive
Alachua, FL 32615


Provider Number : 001165807
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.02	82.56	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

001524200 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avon Park Pediatrics, PA
1571 US Hwy 27 North
Avon Park, FL 33825


Provider Number : 001524200
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.92	82.46	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Highlands	

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Florida Agency for Health Care Administration

001532500 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics - Lake City	Provider Number : 001532500
	Date : 09/24/2020
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 320256966	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.61	87.23	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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North Florida Pediatrics - Jasper	Provider Number : 001534800
	Date : 09/24/2020
1117 US Highway 41 NW, Suite B	Fiscal Year End : N/A
Jasper, FL 320525856	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.61	87.23	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 001589500
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.00	82.54	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

001768600 - 2020/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tri County Primary Care, Inc.	Provider Number : 001768600
Tri County Primary Care - Dixie Co.	Date : 09/24/2020
306 NE Hwy 351	Fiscal Year End : N/A
Cross City, FL 32628	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.00	82.54	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

002074400 - 2020/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Wakulla Urgent Care and Diagnostic Ctr PLC	Provider Number : 002074400
	Date : 09/24/2020
2615 Crawfordville Hwy, Suite 103	Fiscal Year End : N/A
Crawfordville, FL 323272169	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.01	82.55	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002335400 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Sun n Lake Medical Group - Lake Placid	Provider Number : 002335400
	Date : 09/24/2020
511 West Interlake Blvd.	Fiscal Year End : N/A
Lake Placid, FL 33852	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.01	82.55	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

002952100 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatric & Internal Medicine Specialists, PA	Provider Number : 002952100
	Date : 09/24/2020
PO Box 2066	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.17	82.71	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 002983100
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.95	82.49	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002983300 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 002983300
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.95	82.49	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003129100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


West Florida Medical Associates, PA	Provider Number : 003129100
	Date : 09/24/2020
402 W. Highland Blvd.	Fiscal Year End : N/A
Inverness, FL 344524718	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.17	82.71	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Premier Pediatrics, LLC	Provider Number : 003198500
	Date : 09/24/2020
7960 SW 60th Ave.	Fiscal Year End : N/A
Ocala, FL 344766457	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.20	82.74	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 003198505
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.46	83.01	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

Basis :	
<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
<input type="checkbox"/>	Desk audited costs
<input type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Medicare - Prospective
<input checked="" type="checkbox"/>	Payment System Rate
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Rate Type :	
<input checked="" type="checkbox"/>	Prospective
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003432700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


High Springs Pediatrics, LLC	Provider Number : 003432700
	Date : 09/24/2020
210 NW 1st Ave.	Fiscal Year End : N/A
High Springs, FL 326431002	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.17	82.71	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003557700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Grace Healthcare Solutions, Inc.	Provider Number : 003557700
	Date : 09/24/2020
7368 State Road 15, US 441	Fiscal Year End : N/A
Pahokee, FL 334761736	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.19	82.73	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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Florida Agency for Health Care Administration

003682000 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 003682000
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.17	82.71	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Distribution:

- Fiscal Agent
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 004510300
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

004567100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Ira Fialko, DO, PA	Provider Number : 004567100
	Date : 09/24/2020
6171 West Gulf to Lake Highway	Fiscal Year End : N/A
Crystal River, FL 344292679	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

004770700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Mohammad Afzal, MD	Provider Number : 004770700
Professional Pediatrics	Date : 09/24/2020
1050 US HWY 27N Suite 5	Fiscal Year End : N/A
Clermont, FL 34714	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 004771000
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Assoc. PA	Provider Number : 005919400
	Date : 09/24/2020
3775 N. Lecanto Hwy	Fiscal Year End : N/A
Beverly Hills, FL 344653504	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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005951500 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


West Florida Medical Associates, PA	Provider Number : 005951500
Deven Medical Center	Date : 09/24/2020
11707 N. Williams Street, Suite 2	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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Distribution:

- Fiscal Agent
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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

005951502 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


West Florida Medical Associates	Provider Number : 005951502
	Date : 09/24/2020
801 Medical Ct. E	Fiscal Year End : N/A
Inverness, FL 34452	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.21	81.73	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

Distribution:

- Fiscal Agent
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates PA
 Suncoast Primary Care Specialists
 2671 W Norvell Bryant Hwy
 Lecanto, FL 34461

Provider Number : 005951504
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.41	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

006449300 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sonnis Pediatrics PA	Provider Number : 006449300
	Date : 09/24/2020
1125 South Sixth Avenue	Fiscal Year End : N/A
Wauchula, FL 33873	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Sunshine Pediatrics of Ocala, PA	Provider Number : 006480000
	Date : 09/24/2020
1900 SW 20th Place	Fiscal Year End : N/A
Ocala, FL 344717870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Louis J. Radnothy, DO	Provider Number : 007197500
	Date : 09/24/2020
390 S. Central Ave.	Fiscal Year End : N/A
Umatilla, FL 327842325	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.35	82.90	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

007210600 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Weirsdale Family Health Center Inc.	Provider Number : 007210600
	Date : 09/24/2020
16400 South Highway 25	Fiscal Year End : N/A
Wiersdale, FL 321952442	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.35	82.90	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

007864900 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Table with provider information: A Womans Place, Inc., 1415 NW 23rd Ave., Chiefland, FL 326440058. Includes fields for Provider Number, Date, Fiscal Year End, and Audit Status.

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Lists various provider types like Rural Health Clinic, Swing-Bed Provider, etc., with associated rates and effective dates.

Table with two columns: Basis and Rate Type. Lists options for Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.).

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Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008413600 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

University of Florida College of Nursing
Archer Family Health Care
16939 SW 134th Ave
Archer, FL 326185413


Provider Number : 008413600
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.35	82.90	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Medical Group PA	Provider Number : 009615800
	Date : 09/24/2020
130 SW 7th Street	Fiscal Year End : N/A
Williston, FL 326962404	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.35	82.90	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

009634300 - 2020/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Magnolia Pediatrics LLC	Provider Number : 009634300
	Date : 09/24/2020
1140 SW Bascom Norris Drive Ste 104	Fiscal Year End : N/A
Lake City, FL 320251329	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.35	82.90	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

010332700 - 2020/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Healthflo Medical Clinics	Provider Number : 010332700
Bushnell Medical Clinic	Date : 09/24/2020
117 W Belt Ave, Ste A	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.94	84.51	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Grace Pediatrics PL	Provider Number : 010633400
	Date : 09/24/2020
4196 W US Highway 90 STE 105	Fiscal Year End : N/A
Lake City, FL 320558834	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.46	83.01	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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010855400 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Medical Pediatric Clinic	Provider Number : 010855400
	Date : 09/24/2020
315 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472029	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.02	82.56	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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014637300 - 2020/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

First Coast Obstetrics & Gynecology	Provider Number : 014637300
	Date : 09/24/2020
PO Box 519	Fiscal Year End : N/A
Palatka, Fl 32178-0519	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.46	83.00	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014683500 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 014683500
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.46	83.00	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

015048100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Columbia Co	Provider Number : 015048100
	Date : 09/24/2020
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 32025	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.45	82.99	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics-Silver Springs
7960 SW 60th Ave Ste 1
Ocala, FL 34476

Provider Number : 016431000
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.97	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

Distribution:

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- Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

016554200 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 016554200
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.43	82.98	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

016770200 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Live Oak
 Hamilton Primary Care
 1150 US Hwy 41 NW STE 11
 Jasper, FL 32052

Provider Number : 016770200
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.97	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

018056100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Hospital, Inc.
 Century Medical Center
 8401 North Century Boulevard
 Century, FL 32535


Provider Number : 018056100
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	122.39	124.71	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family & After Hours Care

1413 NW 23rd Ave

Chiefland, FL 32626

Provider Number : 018968900

Date : 09/24/2020

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.97	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

Basis :

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Levy

Rate Type :

Prospective

Total Prospective

Prospective Adjusted for New costs


Interim

Total Interim

Settlement based on costs

Distribution:

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

W.Rydell Samuel, Administrator 

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


North Florida Pediatrics-Cross City	Provider Number : 019432300
	Date : 09/24/2020
149 NE 241st St Ste A	Fiscal Year End : N/A
Cross City, Fl 32628	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.97	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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- Contract Management
- Permanent File
- Program Development:

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Divaker Pediatrics	Provider Number : 019474000
	Date : 09/24/2020
6551 N Orange Blossom Trl	Fiscal Year End : N/A
Mount Dora, Fl 32757	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.97	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

020403901 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Reliant Acute Care	Provider Number : 020403901
	Date : 09/24/2020
5781 Lee Blvd	Fiscal Year End : N/A
Lehigh Acres, FL 33971	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.43	82.98	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

023548300 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Kids Health Alliance, P.A.

2650 NW 2nd Street Suite 100
Ocala, FL 34475


Provider Number : 023548300
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.97	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

023710500 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northwest Florida Healthcare	Provider Number : 023710500
Chipley Medical Group	Date : 09/24/2020
1376 Brickyard Rd Ste 4	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.12	82.66	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

024917965 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


St Vincent's Ambulatory Care, Inc	Provider Number : 024917965
	Date : 09/24/2020
4205 Belfort Rd	Fiscal Year End : N/A
Jacksonville, FL 32216	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.43	82.98	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506000
	Date : 09/24/2020
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.16	88.82	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



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029511600 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


ACV Community Services	Provider Number : 029511600
	Date : 09/24/2020
PO Box 4675	Fiscal Year End : N/A
Dowling Park, FL 32064	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.93	81.45	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Not Selected	

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Florida Agency for Health Care Administration

063363101 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Kid's Care Pediatrics
6910 Old Wolf Bay Rd
Palatka, FL 32177


Provider Number : 063363101
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.61	87.23	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dynamic Health Centers-Lake City
 163 Sw Stonegate Tercace Suite 109
 Lake City , FL 32024

Provider Number : 100167400
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.44	82.99	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate Columbia</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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100739300 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Northwest Florida Healthcare	Provider Number : 100739300
	Date : 09/24/2020
5429 College Dr	Fiscal Year End : N/A
Graceville, FL 32440	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.68	83.23	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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101319900 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jeffrey A. Carameros PLLC
Rainbow River Medical
20312 Robinson Road
Dunnellon, FL 34431


Provider Number : 101319900
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.43	82.98	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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101707000 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Chiefland
2220 North Young Blvd
Chiefland, FL 32626


Provider Number : 101707000
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.43	82.98	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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101707400 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Starke
417 E Call St
Starke, FL 32091


Provider Number : 101707400
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.43	82.98	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

102610200 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Port Charlotte HMA Physician Management	Provider Number : 102610200
Bayfront Health Medical Group	Date : 09/24/2020
1012 N Mills Ave	Fiscal Year End : N/A
Arcadia, FL 34266	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.75	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

102625100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Philip Colaizzo MD PA	Provider Number : 102625100
	Date : 09/24/2020
170 S Barfield Hwy STE 108	Fiscal Year End : N/A
Pahokee, FL 33476	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.43	82.98	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

105763900 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Breen Health, LLC	Provider Number : 105763900
Community Family Health Care	Date : 09/24/2020
11392 E Highway 316 Ste 92	Fiscal Year End : N/A
Fort McCoy, FL 32134-8114	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.23	81.75	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

251469901 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatrics of Lake Wales	Provider Number : 251469901
	Date : 09/24/2020
1354 State Road 60 East	Fiscal Year End : N/A
Lake Wales, Fl 33853	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.00	77.45	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 253535101
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.99	77.43	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 259716100
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.77	79.24	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Clinic

1002 SW 11th Street

Live Oak, FL 32064

Provider Number : 370861601

Date : 09/24/2020

Fiscal Year End : N/A


Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.81	77.26	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

370861604 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Children's Medical Center	Provider Number : 370861604
	Date : 09/24/2020
789 West Duval Street	Fiscal Year End : N/A
Lake City, FL 32055	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.81	77.26	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

372143401 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jack M. Matheny RHC	Provider Number : 372143401
	Date : 09/24/2020
205 Zeagler Drive, Suite #101	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.61	87.23	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sebring Pediatrics	Provider Number : 377682401
	Date : 09/24/2020
1550 Lakeview Dr.	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.05	81.57	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Shoreline Medical Group

419 Baltzell Avenue

Port St. Joe, FL 32456

Provider Number : 377827401

Date : 09/24/2020

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.87	85.47	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Florida Agency for Health Care Administration

378772904 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Pediatric Center
1447 Medical Park Blvd, Suite 402
Wellington, FL 33414

Provider Number : 378772904
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.42	82.97	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660018200 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatric Associates
7215 US Hwy 27 North
Sebring, FL 33870


Provider Number : 660018200
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.54	82.07	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660018201 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatric Associates
 120 Heartland Way
 Wauchula, FL 338375000

Provider Number : 660018201
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.18	77.63	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Medical Center	Provider Number : 660022100
	Date : 09/24/2020
14088 Alabama St	Fiscal Year End : N/A
Jay, FL 32565	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.42	89.08	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660026300 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Medical Ctr.-Deland	Provider Number : 660026300
	Date : 09/24/2020
1190 North Stone Street	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	86.78	88.43	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comm. Medical Ctr.-Orange Cty.	Provider Number : 660026302
	Date : 09/24/2020
810 Commed Boulevard	Fiscal Year End : N/A
Orange City, FL 32763	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.44	82.99	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Fl. Pediatrics RHC	Provider Number : 660027100
	Date : 09/24/2020
4316 Fifth Avenue	Fiscal Year End : N/A
Marianna, FL 32446	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.61	87.23	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660039500 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 660039500
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.61	87.23	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660046800 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Richard A. Campbell RHC
 105 Tomoka Boulevard South
 Lake Placid, FL 33852

Provider Number : 660046800
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.23	86.85	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660053100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Children's Clinic	Provider Number : 660053100
	Date : 09/24/2020
1100 N. Main St	Fiscal Year End : N/A
Belle Glade, FL 33430	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.61	87.23	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660054900 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Marion RHC dba Forest Family Health	Provider Number : 660054900
	Date : 09/24/2020
15932 E. 40	Fiscal Year End : N/A
Silver Springs, FL 34488	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.41	86.02	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ahmad T. Ismail RHC	Provider Number : 660056500
	Date : 09/24/2020
110 E. Byrd Avenue	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	75.45	76.88	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Family Rural Hlth Care
 2398 N. Beach Dr., Suite 100
 Avon Park, Fl 33825


Provider Number : 660069700
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.28	85.88	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660070100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Express Care of Belleview, Inc	Provider Number : 660070100
	Date : 09/24/2020
10762 S US Hwy 441	Fiscal Year End : N/A
Belleview, FL 34420	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.57	86.18	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Family Medical	Provider Number : 660071900
Nature Coast Family	Date : 09/24/2020
3400 N. Lecanto Hwy Suite A	Fiscal Year End : N/A
Beverly Hills, FL 34464	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.02	82.56	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Florida Agency for Health Care Administration

660072700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Rajendra P. Bellam MD	Provider Number : 660072700
	Date : 09/24/2020
11707 N. Williams St Suite 3	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.73	84.31	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Charles S. Li MD	Provider Number : 660075100
	Date : 09/24/2020
7647 W. Gulf Lake Hwy	Fiscal Year End : N/A
Crystal River, Fl 34429	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.79	81.30	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Springs RHC	Provider Number : 660075101
	Date : 09/24/2020
10489 N. Fl Ave	Fiscal Year End : N/A
Citrus Springs, Fl 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.79	81.30	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660076000 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660076000
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.77	85.36	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Palm Glades Rural Hlth Assoc

217 W Ave

Belle Glade, Fl 33430

Provider Number : 660087500

Date : 09/24/2020

Fiscal Year End : N/A


Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.25	84.84	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Florida Agency for Health Care Administration

660089100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Hernando Medical Center	Provider Number : 660089100
	Date : 09/24/2020
10489 N Florida Ave	Fiscal Year End : N/A
Citrus Springs, FL 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.17	83.73	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Lake Pediatrics	Provider Number : 660103100
	Date : 09/24/2020
4880 N Hwy 19A	Fiscal Year End : N/A
Mt. Dora, FL 32757	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.57	84.14	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660129400 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Family Meidcal Group (Sebring)	Provider Number : 660129400
	Date : 09/24/2020
3420 US 27 North	Fiscal Year End : N/A
Sebring, Fl 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.37	84.96	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660132400 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Oak Hill Medical	Provider Number : 660132400
	Date : 09/24/2020
185A North Rt. 1, PO Box 373	Fiscal Year End : N/A
Oak Hill, FL 32759	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.18	82.72	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660140500 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Andres R. Villar, M.D.	Provider Number : 660140500
	Date : 09/24/2020
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FL 32040	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.83	83.38	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Pediatrics, PA	Provider Number : 660141300
	Date : 09/24/2020
223 N. Main Street	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.04	82.58	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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Florida Agency for Health Care Administration

660147200 - 2020/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Doctor's Medical Ctr of Walton Co, PA	Provider Number : 660147200
	Date : 09/24/2020
21 West Main St	Fiscal Year End : N/A
DeFuniak Springs, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.82	87.45	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D	Provider Number : 660151100
Children's Medical Ctr-Mt. Vernon	Date : 09/24/2020
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, Fl 32040	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.83	83.38	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Putnam Obstetrics & Gynecology, Inc.
 Putnam Obstetrics & Gynecology
 6061 St. Johns Ave, Ste A
 Palatka, FL 321776858


Provider Number : 660162600
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.61	86.21	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

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Florida Agency for Health Care Administration

660167700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Southern Family Healthcare, PA	Provider Number : 660167700
	Date : 09/24/2020
P.O. Box 692	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.89	81.41	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

Distribution:

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660174000
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.76	80.25	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660182100 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 660182100
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.09	82.63	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 660183900
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.09	82.63	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Woods Dr
Pediatrics in Brevard, PA
134 S. Woods Dr
Rockledge, FL 32955

Provider Number : 660184700
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.09	82.63	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

660187100 - 2020/10

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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
 4958 Sun ' N Lake Blvd
 Sebring, FL 33872


Provider Number : 660187100
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.24	82.79	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

660200200 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Garcia Medical Clinic	Provider Number : 660200200
	Date : 09/24/2020
411 E. Nelson Avenue	Fiscal Year End : N/A
Defuniak Springs, FL 32433	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.12	82.66	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Chiefland Medical Center	Provider Number : 660204500
	Date : 09/24/2020
1113 N. W. 23rd Ave	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	79.41	80.92	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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660205300 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Medical Center LLC	Provider Number : 660205300
	Date : 09/24/2020
20454 N.E. Finley Ave	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.93	82.47	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Clark Clinic	Provider Number : 660209600
	Date : 09/24/2020
212 S. Florida St	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.89	82.43	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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Distribution:

- Fiscal Agent
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660209605 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Clark Clinic	Provider Number : 660209605
	Date : 09/24/2020
212 S Florida St	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.43	82.98	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660212600 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Afzal/Excel Pediatrics & Family Care	Provider Number : 660212600
	Date : 09/24/2020
265 Citrus Tower Blvd	Fiscal Year End : N/A
Clermont, FL 347111908	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.86	87.49	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660218500 - 2020/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dwight Peter Tiu/Acute Care Pediatrics	Provider Number : 660218500
	Date : 09/24/2020
1301 Reid St	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.89	82.43	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

660219300 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 660219300
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various home care codes.

Table with 2 columns: Basis, Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Highlands.

Table with 2 columns: Rate Type, Rate Type. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Permanent File
Program Development:

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Florida Agency for Health Care Administration

660230400 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Express Care of Leesburg	Provider Number : 660230400
	Date : 09/24/2020
2500 Citrus Blvd	Fiscal Year End : N/A
Leesburg, FL 34748	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.89	82.43	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660232100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 660232100
 Date : 09/24/2020
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	74.85	76.27	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660233900 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jackson County Hospital
4318 5th Avenue
Marianna, FL 32446

Provider Number : 660233900
Date : 09/24/2020
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.84	82.37	10/01/2020
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> #655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #656 / H56 General Inpatient Care			
<input type="checkbox"/> #659 Room and Board			

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

Distribution:

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

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)